B 6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court District of Montana

In re	John Henry Schneider		Case No	14-61357
-	,	Debtor		
			Chapter	7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	625,000.00		
B - Personal Property	Yes	5	20,313,720.78		
C - Property Claimed as Exempt	Yes	3			
D - Creditors Holding Secured Claims	Yes	1		695,221.15	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		100,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	341		4,763,771.86	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			1,500.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			14,040.00
Total Number of Sheets of ALL Schedules		359			
	To	otal Assets	20,938,720.78		
			Total Liabilities	5,558,993.01	

B 6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court District of Montana

Distric	ct of Montana			
John Henry Schneider		Case No	14-61357	
	Debtor	Chapter		7
STATISTICAL SUMMARY OF CERTAI	N LIABILITIES AN	D RELATED	DATA (28 U	.S.C. § 15
If you are an individual debtor whose debts are primarily consa case under chapter 7, 11 or 13, you must report all informati	umer debts, as defined in § 1 on requested below.	01(8) of the Bankru	iptcy Code (11 U.S	.C.§ 101(8)),
■ Check this box if you are an individual debtor whose dereport any information here.	ebts are NOT primarily consu	ımer debts. You are	not required to	
This information is for statistical purposes only under 28 U				
Summarize the following types of liabilities, as reported in	the Schedules, and total the	em.		
Type of Liability	Amount			
Domestic Support Obligations (from Schedule E)				
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)				
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)				
Student Loan Obligations (from Schedule F)				
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E				
Obligations to Pension or Profit-Sharing, and Other Similar Obligat (from Schedule F)	ions			
ТОТ	AL			
State the following:				
Average Income (from Schedule I, Line 12)				
Average Expenses (from Schedule J, Line 22)				
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)				
State the following:		<u>-</u>		
Total from Schedule D, "UNSECURED PORTION, IF ANY" column				
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column				
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column				
4. Total from Schedule F				
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)				

14-61357-RBK Doc#: 17 Filed: 12/12/14 Entered: 12/12/14 16:25:47 Page 3 of 371

B6A (Official Form 6A) (12/07)

(Value includes interest of NFS)

In re	John Henry Schneider		Case No	14-61357	
	<u> </u>		·		
		Debtor			

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Undivided half- interst 3253611 Tommy Armour Circle Billings, MT	Joint tenant	-	625,000.00	695,221.15

Sub-Total > 625,000.00 (Total of this page)

Total > 625,000.00

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

In re	John Henry Schneider	,	Case No	14-61357	
_		Debtor			

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O N Description and Location of Propert E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	Cash	-	500.00
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	Stockman Bank Billings, Checking	-	0.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X		
4.	Household goods and furnishings,	2 Sofas	-	150.00
	including audio, video, and computer equipment.	Bed	-	250.00
		Love seat	-	37.50
		Dresser	-	175.00
		Chest of drawers	-	125.00
		2 Side chairs	-	25.00
		Night stand	-	100.00
		2 Coffee tables	-	50.00
		3 Bookcases	-	75.00
		TV	-	175.00
		TV	-	125.00
		VCR/DVD	-	150.00
		Entertainment Center	-	175.00
			Sub-Tota (Total of this page)	1> 2,112.50

4 continuation sheets attached to the Schedule of Personal Property

In re	John Henry Schneider	Case No. 14-61357
	-	

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
	6 Lamps	-	100.00
	3 Dressers	-	125.00
	3 Chest of drawers	-	125.00
	3 night stands	-	100.00
	2 Clocks	-	12.50
	2 Lamps	-	12.50
	3 TVs	-	25.00
	Dryer	-	150.00
	Freezer	-	75.00
	Dishwasher	-	75.00
	Microwave	-	37.50
	Toaster	-	12.50
	Blender	-	5.00
	Pots and pans	-	25.00
	Dishes	-	25.00
	Hand tools	-	50.00
	Glasses	-	12.50
	Table and chairs	-	375.00
	Buffet	-	75.00
	Towels	-	37.50
	Linens	-	37.50
	Toiletries/sundries	-	37.50
	Desk	-	750.00
	Computer	-	250.00

Sub-Total > 2,530.00 (Total of this page)

Sheet <u>1</u> of <u>4</u> continuation sheets attached to the Schedule of Personal Property

In re	John Henry Schneider	Case No. <u>14-61357</u>
_	<u> </u>	•

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Printer		-	50.00
5.	Books, pictures and other art	Art		-	250.00
	objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	Books		-	1,250.00
6.	Wearing apparel.	Clothing		-	500.00
7.	Furs and jewelry.	Jewelry		-	250.00
8.	Firearms and sports, photographic,	Rifle		-	250.00
	and other hobby equipment.	Bike		-	100.00
		Video ca	mera	-	100.00
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10.	Annuities. Itemize and name each issuer.	X			
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or	DA David	dson IRA	-	1,598,308.42
	other pension or profit sharing plans. Give particulars.	TIAA CR	EF IRA	-	95,519.86
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	Northern	Rockies Neuro-Spine PC	-	100,000.00
14.	Interests in partnerships or joint ventures. Itemize.	Schneide	er Limited Partnership LLC	-	0.00
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	X			
				Sub-Tota (Total of this page)	al > 1,796,578.28

Sheet 2 of 4 continuation sheets attached to the Schedule of Personal Property

In re	John Henry Schneider		Case No.	14-61357	

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	Х			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.		2014 state and federal tax refunds	-	Unknown
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated		Meridian Healthcare - breach of contract	-	15,000,000.00
	claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Org, LLC and Brenda Olsen - breach of contract and E&O	-	3,000,000.00
			Rocky MT Medical Services - breach of contract and E&O	-	335,000.00
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
23.	Licenses, franchises, and other general intangibles. Give particulars.		Medical licence, Montana and Utah	-	0.00
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.		2001 GMC Sierra	-	2,500.00
26.	Boats, motors, and accessories.	X			
				CL T	10 227 500 00
			(Tota	Sub-Total of this page)	al > 18,337,500.00
Shoo	t 3 of 4 continuation cheets at	tool	and		

Sheet 3 of 4 continuation sheets attached to the Schedule of Personal Property

In re	John Henry Schneider	Case No. 14-61357	
	<u> </u>		_

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
27. Aircraft and accessories.	X		
28. Office equipment, furnishings, and supplies.	Office equipment for NRNS	-	100,000.00
29. Machinery, fixtures, equipment, and supplies used in business.	X		
30. Inventory.	Inventory	-	75,000.00
31. Animals.	X		
32. Crops - growing or harvested. Give particulars.	X		
33. Farming equipment and implements.	X		
34. Farm supplies, chemicals, and feed.	X		
35. Other personal property of any kind not already listed. Itemize.	X		

Sub-Total > 175,000.00 (Total of this page)

Total >

Sheet 4 of 4 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

20,313,720.78

B6C (Official Form 6C) (4/13)

In re	John Henry Schneider	Case No. 14-61357
	•	

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: (Check one box)

☐ 11 U.S.C. §522(b)(2) ☐ 11 U.S.C. §522(b)(3) ■ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property Undivided half- interst 3253611 Tommy Armour Circle Billings, MT (Value includes interest of NFS)	Mont. Code Ann. §§ 70-32-104, 25-13-615	125,000.00	625,000.00
Cash on Hand Cash	Mont. Code Ann. § 25-13-614	75%	500.00
Household Goods and Furnishings 2 Sofas	Mont. Code Ann. § 25-13-609(1)	150.00	150.00
Bed	Mont. Code Ann. § 25-13-609(1)	250.00	250.00
Love seat	Mont. Code Ann. § 25-13-609(1)	37.50	37.50
Dresser	Mont. Code Ann. § 25-13-609(1)	175.00	175.00
Chest of drawers	Mont. Code Ann. § 25-13-609(1)	125.00	125.00
2 Side chairs	Mont. Code Ann. § 25-13-609(1)	25.00	25.00
Night stand	Mont. Code Ann. § 25-13-609(1)	100.00	100.00
2 Coffee tables	Mont. Code Ann. § 25-13-609(1)	50.00	50.00
3 Bookcases	Mont. Code Ann. § 25-13-609(1)	75.00	75.00
TV	Mont. Code Ann. § 25-13-609(1)	175.00	175.00
TV	Mont. Code Ann. § 25-13-609(1)	125.00	125.00
VCR/DVD	Mont. Code Ann. § 25-13-609(1)	150.00	150.00
Entertainment Center	Mont. Code Ann. § 25-13-609(1)	175.00	175.00
6 Lamps	Mont. Code Ann. § 25-13-609(1)	100.00	100.00
3 Dressers	Mont. Code Ann. § 25-13-609(1)	125.00	125.00
3 Chest of drawers	Mont. Code Ann. § 25-13-609(1)	125.00	125.00
3 night stands	Mont. Code Ann. § 25-13-609(1)	100.00	100.00
2 Clocks	Mont. Code Ann. § 25-13-609(1)	12.50	12.50
2 Lamps	Mont. Code Ann. § 25-13-609(1)	12.50	12.50
3 TVs	Mont. Code Ann. § 25-13-609(1)	25.00	25.00

² continuation sheets attached to Schedule of Property Claimed as Exempt

B6C (Official Form 6C) (4/13) -- Cont.

In re	John Henry Schneider	Case No. <u>14-61357</u>
	-	•

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT (Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Dryer	Mont. Code Ann. § 25-13-609(1)	150.00	150.00
Freezer	Mont. Code Ann. § 25-13-609(1)	75.00	75.00
Dishwasher	Mont. Code Ann. § 25-13-609(1)	75.00	75.00
Microwave	Mont. Code Ann. § 25-13-609(1)	37.50	37.50
Toaster	Mont. Code Ann. § 25-13-609(1)	12.50	12.50
Blender	Mont. Code Ann. § 25-13-609(1)	5.00	5.00
Pots and pans	Mont. Code Ann. § 25-13-609(1)	25.00	25.00
Dishes	Mont. Code Ann. § 25-13-609(1)	25.00	25.00
Hand tools	Mont. Code Ann. § 25-13-609(1)	50.00	50.00
Glasses	Mont. Code Ann. § 25-13-609(1)	12.50	12.50
Table and chairs	Mont. Code Ann. § 25-13-609(1)	375.00	375.00
Buffet	Mont. Code Ann. § 25-13-609(1)	75.00	75.00
Towels	Mont. Code Ann. § 25-13-609(1)	37.50	37.50
Linens	Mont. Code Ann. § 25-13-609(1)	37.50	37.50
Toiletries/sundries	Mont. Code Ann. § 25-13-609(1)	37.50	37.50
Desk	Mont. Code Ann. § 25-13-609(1)	750.00	750.00
Computer	Mont. Code Ann. § 25-13-609(1)	250.00	250.00
Printer	Mont. Code Ann. § 25-13-609(1)	50.00	50.00
Books, Pictures and Other Art Objects; Collectibles Art	Mont. Code Ann. § 25-13-609(1)	250.00	250.00
Books	Mont. Code Ann. § 25-13-609(3)	1,250.00	1,250.00
Wearing Apparel Clothing	Mont. Code Ann. § 25-13-609(1)	500.00	500.00
Furs and Jewelry Jewelry	Mont. Code Ann. § 25-13-609(1)	250.00	250.00
Firearms and Sports, Photographic and Other Hobby Rifle	Equipment Mont. Code Ann. § 25-13-609(1)	0.00	250.00
Bike	Mont. Code Ann. § 25-13-609(1)	100.00	100.00
Video camera	Mont. Code Ann. § 25-13-609(1)	50.00	100.00

Sheet _____ of ____ continuation sheets attached to the Schedule of Property Claimed as Exempt

B6C (Official Form 6C) (4/13) -- Cont.

In re	John Henry Schneider		Case No	14-61357	
	_	Debtor			

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT (Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Interests in IRA, ERISA, Keogh, or Other Pension or PDA Davidson IRA	rofit Sharing Plans Mont. Code Ann. § 25-13-608(1)(e)	1,598,308.42	1,598,308.42
TIAA CREF IRA	Mont. Code Ann. § 25-13-608(1)(e)	95,519.86	95,519.86
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u> 2001 GMC Sierra	Mont. Code Ann. § 25-13-609(2)	2,500.00	2,500.00

Total: 1,828,295.78 2,328,720.78

DAD.	Official	Town.	(D)	(12/07)
BOD (Official	Form	ועס	(12/0/)

In re	John Henry Schneider		Case No.	14-61357
		Debtor		

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

	16	1		1 6	111		A MOLINITICE	
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR		sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	DZLLQULDA	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			March 15, 2014	T	E D			
Kathleen T. Burrows, Trustee			Assignment of judgments	\vdash		Н		
15836 Astral St Chino Hills, CA 91709		-	Undivided half- interst 3253611 Tommy Armour Circle Billings, MT (Value includes interest of NFS)					
	_	L	Value \$ 625,000.00	_		Ш	695,221.15	70,221.15
Account No.								
			Value \$	1				
Account No.								
Account No.	╁	╁	Value \$	╁		Н		
Account No.								
			Value \$					
0 continuation sheets attached		_	(Total of t	Subt his			695,221.15	70,221.15
			(Report on Summary of So		ota lule		695,221.15	70,221.15

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B6E (Official Form 6E) (4/13)

•				
In re	John Henry Schneider		Case No14-61357	
•		Debtor		

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box la "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules. Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report th total also on the Statistical Summary of Certain Liabilities and Related Data.
☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
☐ Domestic support obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relat of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. $11 \text{ U.S.C.} \ \S \ 507(a)(3)$.
☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sal representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
■ Taxes and certain other debts owed to governmental units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
☐ Commitments to maintain the capital of an insured depository institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Feder Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intovicated from using alcohol, a drug or

another substance. 11 U.S.C. § 507(a)(10).

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re	John Henry Schneider		Case No	14-61357	
,		Debtor	,		

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ODEBTOR ONTINGENT NLIQUIDATED S P U T E D AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED AMOUNT W INCLUDING ZIP CODE, AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C AND ACCOUNT NUMBER (See instructions.) Notice only Account No. Internal Revenue Service 0.00 PO Box 7346 Philadelphia, PA 19101-7346 0.00 0.00 2012 taxes under audit; issue is income Account No. earned in MT vrs WY MT Department of Revenue 100,000.00 Attn: Kim Davis P.O. Box 7701 Helena, MT 59604-7701 100,000.00 0.00 Account No. Account No. Account No. Subtotal 100,000.00 Sheet 1 of 1 continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 100,000.00 0.00 100,000.00

(Report on Summary of Schedules)

0.00

100,000.00

14-61357-RBK Doc#: 17 Filed: 12/12/14 Entered: 12/12/14 16:25:47 Page 15 of 371

B6F (Official Form 6F) (12/07)

In re	John Henry Schneider		Case No.	14-61357
_		Debtor		

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME,	C O	۲	usband, Wife, Joint, or Community	C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	V J	CONSIDERATION FOR CLAIM. IF CLAIM	N T I N G E N T	UNLIQUIDAT	S P U T E D	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	Ť	T E D		
Aaron Bomar 1633 Lynn Avenue Billings, MT 59102		-		×	(x	x	
Account No.	4		Possible medical negligence claim		_		0.00
Ada Weeding PO Box 78 Jordan, MT 59337		-	Possible medical negligence claim	×	(x	x	
	4	_					0.00
Account No. Adam Jolley 1233 Road 11 Lovell, WY 82431-9538		-	Possible medical negligence claim	×	(x	X	
Account No.	4	-	Possible medical negligence claim		_		0.00
Adan Resendiz 3018 8th Ave S Billings, MT 59101		-	T ossible medical negligence claim	×	(x	X	
							0.00
_340 continuation sheets attached			(Total o	Sub of this			0.00

In re	John Henry Schneider			Case No.	14-61357	
_		Debtor	-/			

CDEDITORIS NAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	NL I QU I DA	I SPUTED	AMOUNT OF CLAIM
Account No. 588	1		Medical	T	I E		
Advance MRI PO Box 30223 Billings, MT 59107		-					1,029.50
Account No.	┢		Possible medical negligence claim	+	╀	+	1,,020.00
Alayne Jones 643 Ave C Powell, WY 82435	•	-		x	X	(×	
Account No.	╀		Possible medical negligence claim	+	╀	+	0.00
Albert Montoya 536 Ave C Powell, WY 82435		-		X	×	()	
Account No.	╁		Possible medical negligence claim	+	+	+	0.00
Alden Renner PO Box 373 Sidney, MT 59270		-		×	×	X	
Account No.	┢		Possible medical negligence claim		+	+	0.00
Alfred Guilmain 28 Road 3CXS Cody, WY 82414		-		×	×	(x	
							0.00
Sheet no. <u>1</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			1,029.50

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Тс	Тн	usband, Wife, Joint, or Community	С	Ιυ	Īρ	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	NLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.	-	ı	Fossible medical negligence claim		E		
Allan Monson PO Box 86 Big Timber, MT 59011		-			l	X	
	4	╀			L		0.00
Account No.	4		Possible medical negligence claim				
Allen and Kristine Hogg 13 Rd 5 Wt Meeteetse, WY 82433		-		X	x	X	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Allen Ball 4615 Castor Dr Pueblo, CO 81001		-		X	x	x	
							0.00
Account No.		T	Possible medical negligence claim		Γ	Γ	
Allen Clow PO Box 244 Wapiti, WY 82450		-		X	x	X	
A account No			Descible medical realizance alaim	_			0.00
Account No.	\dashv		Possible medical negligence claim				
Alysia Bird 702 Felton Miles City, MT 59301		-		X	x	x	
							0.00
Sheet no. 2 of 340 sheets attached to Schedule	of			Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	T _C	Luc	should Wife I hint on Oursewith	10	L	Ь	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLLQULDA	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	Т	DATED		
Amanda Eischens 1105 Cahill Drive Cheyenne, WY 82001		-		X	Х	х	
		L					0.00
Account No.	1		Possible medical negligence claim				
Amber and Marlene Huckins PO Box 621 Miles City, MT 59301		-		Х	x	x	
							0.00
Account No.	t	T	Possible medical negligence claim	\dagger	Г	Г	
Amber Locke 8079 US HWY 212 Roberts, MT 59070		-		x	х	x	
		L		┖		L	0.00
Account No.	-		Possible medical negligence claim				
Amber Markley 1001 11th Street Apt 201 Cody, WY 82414		-		Х	×	×	
							0.00
Account No.	\mathbf{I}		Possible medical negligence claim				
Amelia Funk PO Box 1598 Chinook, MT 59523		-		X	x	×	
							0.00
Sheet no. <u>3</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	-	_	(Total of	Sub			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDED TO DIG NAME	С	Тн	lusband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
Account No.	-		Fossible medical negligence cialm		E		
Amiee Griffin 3610 US HWY 87 South Roundup, MT 59072		-			x	1	
	_	1			L	L	0.00
Account No. Amy Brown PO Box 937 Forsyth, MT 59327		-	Possible medical negligence claim	X	x	×	0.00
Account No.	╬	+	Possible medical negligence claim	+	┞	+	0.00
Amy Petty 3660 Donna Dr Billings, MT 59102		-		X	x	×	0.00
Account No.	\dagger	t	Possible medical negligence claim	+	t	t	
Ana Tretin 407 South 37th Street Billings, MT 59101		-		X	x	×	0.00
Account No.	╁	+	Possible medical negligence claim	+	H	+	0.00
Andrea Giles 660 Road 6 Powell, WY 82435		-		X	x	×	
							0.00
Sheet no4 of _340_ sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	С	Тни	sband, Wife, Joint, or Community	С	Ιu	ΙD	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.	ł	l	Possible medical negligence claim		Ė		
Andrew Grazin Po Box 177 Big Piney, WY 83113		-			l	х	
Account No.	\vdash	\vdash	Possible medical negligence claim		\vdash		0.00
Andrew Macks 1065 Governors Blvd Billings, MT 59105		-		X	x	x	0.00
Account No.	┡	╀	Possible medical negligence claim	+	┡	┡	0.00
Andrew McFaul PO Box 3076 Sheridan, WY 82801		-	T coolsie modical negligorico cialin	х	x	x	0.00
Account No.	┢	H	Possible claim for indemnity or contribution	+	H	H	
Andy Baker Anesthesia Dept Powell Hospital 777 Ave H Powell, WY 82435		-		X	x	x	Unknown
Account No.		t	Possible medical negligence claim		l		
Angela Pennington 1107 E 2nd Ave North Columbus, MT 59019		-		x	x	x	0.00
Sheet no5 of _340_ sheets attached to Schedule of	_			Sub	tota	1	1.00
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CREDITORIC NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	J C	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	N L I QU I D A T	I S P U T E D	AMOUNT OF CLAIM
Account No.	ł		Possible medical negligence cialin		E		
Angela Wasson 507 Fairway Dr Gillette, WY 82718		-			X	ı	
							0.00
Account No.			Possible medical negligence claim				
Anita Tomalino 609 S Custer Ave Miles City, MT 59301-4806		-		x	X	x	
							0.00
Account No.		T	Possible medical negligence claim	T	T	T	
Ann Bush 723 Yellowstone Miles City, MT 59301		-		x	x	x	
							0.00
Account No.			Possible medical negligence claim				
Ann Foos 3981 Ave D 15 Billings, MT 59102		-		x	X	x	
Account No.		L	Possible medical negligence claim		_		0.00
A COUNTY OF THE	l		Todalou medicul megingenee cium				
Ann Kukowski PO Box 224 Big Timber, MT 59011		-		X	X	x	
							0.00
Sheet no. 6 of 340 sheets attached to Schedule of	_	_	1	Sub	L tota	L ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Τc	ш.,	sband, Wife, Joint, or Community	10	Lii	D	Ī
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		UNLIQUIDA	SPUTED	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim	T	D A T E D		
Anne Dukleth 8400 Black Marlin Dr Billings, MT 59106		-		х	T	х	
	┖	L			L	L	0.00
Account No.	4		Possible medical negligence claim				
Anne Mabe PO Box 854 Cody, WY 82414		-		Х	x	x	
							0.00
Account No.		T	Possible medical negligence claim	Ť	T	T	
Annette Thomas Box 91 / 302 Montana Jordan, MT 59337		-		x	x	x	
							0.00
Account No.			Possible medical negligence claim				
April Counts 302 Jackson St #45 Billings, MT 59101		-		х	X	x	
							0.00
Account No.	-		Possible medical negligence claim				
Archer Ford 164 Oregon Ave Lovell, WY 82431		-					
							0.00
Sheet no7 of _340_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		<u> </u>	(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	lc	Тн	usband, Wife, Joint, or Community	С	Īυ	Ъ	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	ľ	Ė		
Archie Grisham PO Box 968 Basin, WY 82410		-			1	X	
Account No.		+	Possible medical negligence claim	+	-	-	0.00
Ardell Anderson 1129 North Custer Hardin, MT 59034		-	. Sociolo modical negligorios dialini	×	x	x	
Account No.	_	╀	Possible medical negligence claim	_	╀	L	0.00
Ardelle Smith 1003 S Taylor Ave Glendive, MT 59330		-	Tossible medical negligence claim	X	x	X	0.00
Account No.		+	Possible medical negligence claim		+	+	0.00
Aristeo Carrillo PO Box 84 Shell, WY 82441		-		×	x	X	0.00
Account No.		<u> </u>	Possible medical negligence claim			<u> </u>	0.00
Arlene Simons 8 Chickadee Road Gillette, WY 82716		-		X	x	X	
							0.00
Sheet no. <u>8</u> of <u>340</u> sheets attached to Schedul Creditors Holding Unsecured Nonpriority Claims	le of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
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	1.0	1	shood Wife Isiat on Community	10	L	L	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	J C	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Arthur Becker 123 Cedar Ridge Thermopolis, WY 82443		-			X	T	0.00
Account No.	╁	t	Possible medical negligence claim				0.00
Arthur Sell PO Box 930 Big Timber, MT 59011		-		x	x	x	
							0.00
Account No. Ashlee Clymore 6692 Sycamore Lane Tacoma, WA 98433		-	Possible medical negligence claim	X	x	x	0.00
Account No.	†	t	Possible medical negligence claim		\vdash	H	
Ashley Hunter 1755 Deep Powder Dr Billings, MT 59105		-		X	X	x	0.00
Account No.		H	Possible medical negligence claim		+		0.00
Aubrey Garnica PO Box 3904 Gillette, WY 82717		-		X	X	x	0.00
Sheet no. 9 of 340 sheets attached to Schedule o				Sub	tota	1 ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total o	f this	pag	ge)	0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Tc	Тн	usband, Wife, Joint, or Community	С	Ιυ	ΙD	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM		N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.	-	ı	Possible medical negligence claim		E		
Audrey Conner Rosberg 833 Alkali Creek Rd Billings, MT 59105		-				х	
Account No.	+	+	Possible medical negligence claim	-	L	L	0.00
Ava Cole 631 Shoshoni Street Thermopolis, WY 82443		-	Tossible medical negligence cialin	X	X	x	0.00
Account No.	╬	+	Possible medical negligence claim	+	╀	┝	0.00
Avelina Cruz 485 S Bent Powell, WY 82435		-		x	X	x	0.00
Account No.	╫	+	Possible medical negligence claim		H	H	0.00
Barb Knopp 155 Lane 17 Cody, WY 82414		-		X	X	x	0.00
Account No.	+	+	Possible medical negligence claim		\vdash		0.00
Barb Medearis 1451 Plevna Road Plevna, MT 59344		-		×	x	x	
							0.00
Sheet no. <u>10</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Ιc	T	lusband, Wife, Joint, or Community	С	Ιυ	ΙD	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	∀ J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	NL I QU I DAT	D I S P U T E D	AMOUNT OF CLAIM
Account No.	-		Fossible medical negligence claim		E		
Barbara and Herbert Hoy 220 F Street Cody, WY 82414		-				x	
Account No.	4	+	Possible medical negligence claim	-	┞	-	0.00
Barbara Hedges 312 Burma Road Riverton, WY 82501		-	. SSSSS MOGROUP MAIN	x	X	x	
Account No.	+	\downarrow	Possible medical negligence claim	+	┞	\perp	0.00
Barbara Kress 1501 Mystic Drive Laurel, MT 59044		-	Tossible medical negligence dialin	x	X	x	0.00
Account No.	+	+	Possible medical negligence claim		H	+	0.00
Barbara Moorman PO Box 335 Bridger, MT 59014		-		x	X	x	0.00
Account No.		+	Possible medical negligence claim	+	\vdash	$\frac{1}{1}$	0.00
Barbara Reid 46 Roundup Road Billings, MT 59102		-		x	x	x	
					\perp		0.00
Sheet no. <u>11</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	I c	Lu.	sband, Wife, Joint, or Community	l c	111	D	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	T	E		
Barbara Wilkerson PO Box 2080 Cody, WY 82414		-				х	
Account No.			Possible medical negligence claim				0.00
Barbara Workman 1416 Road 12 1/2 Lovell, WY 82431		-	T Ossible Medical Negligence Claim	x	×	x	0.00
Account No.	t	H	Possible medical negligence claim	\vdash	\vdash	\vdash	
Barney Voerding PO Box 581 Cody, WY 82414		-		X	x	x	0.00
Account No.	┢	\vdash	Notice only - attorneys for Meridian Surgical			H	
Bass, Berry and Sims 150 3rd Ave South, Ste. 2800 Nashville, TN 37201		-	Partners				0.00
Account No.	\vdash	\vdash	Possible medical negligence claim				
Beau Fredericks 2967 Canyon Dr Billings, MT 59102		-		X	x	x	0.00
Sheet no12_ of _340_ sheets attached to Schedule of			<u> </u>	Subt	Ote	1	3.50
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Тс	Тн	usband, Wife, Joint, or Community	Тс	Ιυ	ΙD	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C N H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	_		Possible medical negligence claim	'	Ė		
Becky Sersland 10 Peaks Lane Cody, WY 82414		-				х	
Account No.	_	-	Possible medical negligence claim	\bot	┡	_	0.00
Benjamin Norberg 201 West Pat OHara Drive Powell, WY 82435		-	Possible medical negligence claim	x	x	x	
Account No.	4	\downarrow	Possible medical negligence claim	\bot	┞	L	0.00
Bernard Beauvais 815 Conant Ave Worland, WY 82401		-	Tossible medical negligence cialin	x	X	x	0.00
Account No.	╁	+	Possible medical negligence claim	+	t	H	
Bernice Williams 202 S Center Ave Miles City, MT 59301		-		X	X	x	0.00
Account No.	+	+	Possible medical negligence claim	+	+		0.00
Berta Conner PO Box 2197 Colstrip, MT 59323		-		X	x	x	
				\perp			0.00
Sheet no. <u>13</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

GD DD WG 1441 G	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.	ł		Possible medical negligence claim		Ė		
Bette Beagley 93 Wheatfield Lane Belgrade, MT 59714		-		X	х	х	
							0.00
Account No.	l		Possible medical negligence claim				
Bettie Sherman 333 South Jones 32 Powell, WY 82435		-		X	x	x	
							0.00
Account No.	t	H	Possible medical negligence claim	\dagger	\vdash	H	
Betty Heick 12408 59th Street SW New England, ND 58647		-		X	x	x	
							0.00
Account No.			Possible medical negligence claim				
Betty Laws 2031 Pryor Lane Billings, MT 59102		-		X	x	x	
Account No.			Possible medical negligence claim				0.00
Betty Neumiller PO Box 225 Custer, MT 59024		-	3.5.5.5.6.5.6.5.6.5.6.5.6.6.6.6.6.6.6.6.	x	x	x	
							0.00
Sheet no. <u>14</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	-		(Total of	Sub			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

ODED ITO DIG AVANTE	С	Тн	usband, Wife, Joint, or Community	С	U	D	İ
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ė		
Betty Njos 6410 1st Ave East Williston, ND 58801		-				x	
Account No.	+	-	Possible medical negligence claim		L	_	0.00
Betty Roberts PO Box 1282 Miles City, MT 59301		-	Possible medical negligence claim	x	X	x	0.00
Account No.	╀	+	Possible medical negligence claim	+	╀	+	0.00
Betty Rubis PO Box 482 Meeteetse, WY 82433		-		x	X	X	0.00
Account No.	\dagger	t	Possible medical negligence claim		t	+	
Betty Stanwaity 353 S. Ferris Powell, WY 82435		-		x	X	x	0.00
Account No.	╁	+	Medical malpractrice claim	+	+	+	0.50
Beverley Curtis 1601 Bighorn Ave D6 Cody, WY 82414		-		X	x	x	
							Unknown
Sheet no. <u>15</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CDEDITORIO MANG	С	Ни	usband, Wife, Joint, or Community	С	U	D	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	DATE OF AN ANALYSIS DIGITAL AND	COXHLXGEXH	NL I QU I DATED	I S P U T E D	AMOUNT OF CLAIM
	1				Þ	┖	
Beverley Pollard 336 North 5th Street East Riverton, WY 82501		-		x	x		
							0.00
Account No.	T	T	Possible medical negligence claim		T	T	
Beverly Keenan 235 N 2nd St E Cowley, WY 82420		-		x	x	x	
							0.00
Account No.	Γ	T	Possible medical negligence claim		T	T	
Bill Bonomo Po Box 323 Forsyth, MT 59327		-		x	x	×	
							0.00
Account No.			Notice only - attoeny for Wyoming Board of Medicine				
Bill G. Hibbler P. O. Box 2143 Cheyenne, WY 82003-2143		-					
Account No.			Possible medical negligence claim	-		-	0.00
Account 10.	1		1 033ibie medicai negligence dalin				
Billie Harms 8199 HWY 59 South Miles City, MT 59301		-		x	x	X	
							0.00
Sheet no. <u>16</u> of <u>340</u> sheets attached to Schedule of				Sub	L tots	<u>L</u>	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

ODEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	J H H	CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	L	DISPUTED	AMOUNT OF CLAIM
Billie Kasinger 1203 Lane 13 Powell, WY 82435		-		X	T	X	
		L					0.00
Account No. Billy Watts 2029 24th St W Billings, MT 59102		_	Possible medical negligence claim	x	×	x	0.00
Account No.	T	T	Possible medical negligence claim		T	T	
Blake Griffin 2101 Heart Mountain Street Cody, WY 82414		_		X	X	x	0.00
Account No.	<u> </u>	H	Possible medical negligence claim	+	+	t	
Bob Schiley Box 89 Meadow, SD 57644		_		X	X	X	0.00
Account No.		t	Possible medical negligence claim	+	T	t	
Bobbie Leyva PO Box 1875 Worland, WY 82401		-		×	x	x	
	L						0.00
Sheet no. <u>17</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	_	_			_	_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	L H H	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	DZ1-QD-DAF	DISPUTED	AMOUNT OF CLAIM
Account No.		l	Possible medical negligence claim	'	Ę		
Bobby Burleson 409 Butler Spaeth Road Gillette, WY 82716		-		X	X	T	1
Account No.		H	Possible medical negligence claim		+	+	0.00
Bonita Tripp PO Box 2 Manderson, WY 82432		-		x	x	X	0.00
Account No.	┝	+	Possible medical negligence claim	+	+	+	0.00
Bonnie Asay 1437 Bleistein Ave Cody, WY 82414		-		×	×	X	0.00
Account No.	┢	t	Possible medical negligence claim	+	+	t	
Bonnie Derenburger 416 Felton Miles City, MT 59301		-		x	x	×	0.00
Account No.	\vdash	H	Possible medical negligence claim	+	+	+	
Bonnie Dewitt 842 Noblewood Dr Billings, MT 59101		-		x	x	x	
							0.00
Sheet no. <u>18</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

r	Ιc	Г	sband, Wife, Joint, or Community	10	111	D	T
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim	T	E		
Bonnie Jares 9947 Rudio Road Billings, MT 59101		-		X	Х	х	
A OY	╀	L	Describle we disclosed in the second state.				0.00
Account No. Bonnie Lich 2985 Colonial Place Billings, MT 59102		-	Possible medical negligence claim	x	x	x	0.00
Account No.	╁	H	Possible medical negligence claim	+	H	\vdash	
Bonnie Snyder PO Box 640 Ranchester, WY 82839		-		X	x	x	0.00
Account No.	╁	\vdash	Possible medical negligence claim	+			0.00
Bonnie Yorgason 3 Thistle Road Cody, WY 82414		-		X	x	x	
Account No.	╁	_	Possible medical negligence claim				0.00
Boyd Finnicum 1606 Lone Pine Dr Billings, MT 59101		-		X	x	x	
							0.00
Sheet no. <u>19</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

		_			-	1	_	•
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	F	Husi H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.				Possible medical negligence claim	Т	T E D		
Brad Campbell 540 12th Ave N Greybull, WY 82426		-				Х	T	
Account No.		+	_	Possible medical negligence claim				0.00
Bradley Kraft 1901 South 80th St West Billings, MT 59106		-	-	T decisio modical negligorico dialini	×	x	x	
Account No.	╀	\downarrow	4	Possible medical negligence claim				0.00
Bradley Oom 1414 Salsbury Ave Cody, WY 82414		-	-	Possible medical negligence claim	x	x	x	
Account No.	-	+	_	Possible medical negligence claim			<u> </u>	0.00
Bradley Stroebel 5526 Equestrian Rd Shepherd, MT 59079		-			X	x	x	
Account No.		$\frac{1}{1}$	+	Possible medical negligence claim				0.00
Brandon Cunningham PO Box 256 Daniel, WY 83115		-	-		×	x	x	
								0.00
Sheet no. <u>20</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

<u> </u>	Ιc	Ι μ	sband, Wife, Joint, or Community	1	111	D	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		DNLLQULDA	I S P U T E D	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	T	DATED		
Brandon Oliver 409 Charlie Street Gillette, WY 82718		-		X	Г	х	
							0.00
Account No.	4		Possible medical negligence claim				
Branson Flinn 807 Meadow Lane Apt 105 Cody, WY 82414		-		X	x	×	
							0.00
Account No.		T	Possible medical negligence claim			T	
Brenda Dietz PO Box 239 Baker, MT 59313		-		x	x	x	
							0.00
Account No.			Possible medical negligence claim				
Brenda Schinckel 4036 Bennett Ave Billings, MT 59105		-		x	x	×	
							0.00
Account No.	4		Possible medical negligence claim				
Brent Hanson 800 4th St South Shelby, MT 59474		-		X	x	×	
							0.00
Sheet no. <u>21</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f	_	(Total of	Sub			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

GD TD ITTO DIG 11 1 1 IT	С	Тн	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.		l	Possible medical negligence claim		Ė		
Bret Wachsmuth 524 Road 7 Powell, WY 82435		-				X	
Account No.	_	╀	Possible medical negligence claim		┞	\vdash	0.00
Brett Lara 70 Queens Blvd Powell, WY 82435		-		x	X	X	
Account No.		╀	Possible medical negligence claim	+	╀	╀	0.00
Brett Martin 1238 Stampede Ave Cody, WY 82414		-	Tossible medical negligence dalim	X	x	X	0.00
Account No.	\dashv	t	Possible medical negligence claim	+	t	+	0.00
Brett Mckinley 938 19th St Lot 70 Cody, WY 82414		-		×	X	X	0.00
Account No.	\dashv	+	Possible medical negligence claim		\vdash	_	0.00
Brett Whitlock 220 South Chugwater Dr Cody, WY 82414		-		X	x	X	
							0.00
Sheet no. <u>22</u> of <u>340</u> sheets attached to Schedul Creditors Holding Unsecured Nonpriority Claims	e of		(Total of	Sub			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITODIS MAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
Account No.	1	l	1 ossible medical negligence dalim		D		
Brian Dillard 5018 Coffeen Ave Sheridan, WY 82801		-			x	ı	
							0.00
Account No.	1		Possible medical negligence claim				
Brian Morgan 5040 Coffeen Ave Sheridan, WY 82801		-		X	x	×	
		l					0.00
Account No.		T	Possible medical negligence claim	T	T	T	
Brian Schoof 3505 Comstock St Miles City, MT 59301		-		×	x	×	
							0.00
Account No.		Γ	Possible medical negligence claim				
Brian Swindler PO Box 191 Cody, WY 82414-0191		-		×	x	×	
Account No.	╀	+	Possible medical negligence claim	-		ŀ	0.00
Bridgette Spang 4 Linden Ct Colstrip, MT 59323		-		x	x	x	
							0.00
Sheet no. 23 of 340 sheets attached to Schedule of	_		<u> </u>	Sub	l tota	L ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	NLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Account No.			Notice only - attorneys for Western Security	Т	E		
Browning, Kaleczyc, Berry and Hoven PO Box 1697 Helena, MT 59624		-					0.00
Account No.	t	\dagger	Possible medical negligence claim	\dagger	t	t	
Bruce Blackbourne PO Box 2241 Gillette, WY 82717		-		x	×	X	
		L			L	L	0.00
Account No. Bruce Ingraham 1102 North Montana Avenue Miles City, MT 59301		-	Possible medical negligence claim	x	×	X	0.00
Account No.	t	t	Possible medical negligence claim	+	t	\dagger	
Bruce Smith PO Box 203 Fallon, MT 59326		-		x	×	x	0.00
Account No.	lacksquare	+	Possible medical negligence claim	+	+	+	0.00
Bryan Campbell 1656 Pathfinder Circle Gillette, WY 82716		-		x	X	×	
							0.00
Sheet no. <u>24</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS MANT	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	l'	Ė		
Bryan Hein 17 Rimrock Drive Park City, MT 59063		-			1	X	
A account No		-	Describle medical pegligenes claim		_	_	0.00
Account No. Bryson Gambrel 5502 Glock Ave Gillette, WY 82718		-	Possible medical negligence claim	X	x	x	
Account No.		╀	Possible medical negligence claim	+	╀	╀	0.00
Bryson Warner 507 Living Springs Road Judith Gap, MT 59453		-	. Sociolo modical negligorico diami	x	x	X	0.00
Account No.		t	Possible medical negligence claim	+	t	t	
Calvin McAdam 1009 Ponderosa Court Powell, WY 82435		-		×	x	X	0.00
Account No.		+	Possible medical negligence claim		+	+	0.00
Calvin Meyers PO Box 112 Worden, MT 59088-0112		-		×	x	x	
							0.00
Sheet no. <u>25</u> of <u>340</u> sheets attached to Schedul Creditors Holding Unsecured Nonpriority Claims	e of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	Тс	T	ısband, Wife, Joint,	or Community	С	Ιυ	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	F V J	DA' CONSII IS S	TE CLAIM WAS INCURRED AND DERATION FOR CLAIM. IF CLAIM UBJECT TO SETOFF, SO STATE.	ONTINGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	4	ı	Possible me	edicai negligence ciaim		Ė		
Camaren Boettcher PO Box 102 Byron, WY 82412		-					х	
Account No.	+	+	Possible me	edical negligence claim	+	┞		0.00
Camellia Walter 504 Katherine Ann Dr Billings, MT 59105		-			×	X	x	
Account No.	4	+	December 1	alled a sulface of a letter	_	┞	_	0.00
Candace Olberding 721 Jason Dr Powell, WY 82435		-	F USSIDIE III	edical negligence claim	X	X	X	0.00
Account No.	+	+	Possible me	edical negligence claim	+	t	H	
Candess Davis 409 4th Avenue North Greybull, WY 82426		-			X	X	x	0.00
Account No.	+	$\frac{1}{1}$	Possible me	edical negligence claim	+	H		0.00
Cara Blank 9 Oak Dr Cody, WY 82414		-			x	X	x	
								0.00
Sheet no. <u>26</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of	-		(Total o	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	Tc	ΤĿ	usband, Wife, Joint, or Community	С	Ιυ	D	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H V J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim	'	Ė		
Carey Eggen 3895 Fair Meadow Dr Billings, MT 59102		-			ı	X	
Account No.	-	+	Possible medical negligence claim	_	_	_	0.00
Carey Swenson 619 South Sewell Miles City, MT 59301		-	r ossible medical negligence cialin	x	×		0.00
Account No.	╅	+	Possible medical negligence claim	+	+	╀	0.00
Carl Foggin 8641 Razor Cr Rd Shepherd, MT 59079		-	g.g.	x	×	X	0.00
Account No.	\dagger	+	Possible medical negligence claim	+	t	H	
Carl Roberts 1005 Ave E Powell, WY 82435		-		x	X	X	0.00
Account No.	\dashv	+	Possible medical negligence claim	+	\vdash	+	0.00
Carl Robinson Po Box 2382 Colstrip, MT 59323		-		x	X	x	
							0.00
Sheet no. <u>27</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	Ιc	TE	lusband, Wife, Joint, or Community	С	Ιυ	ΙD	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	y J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		NLIQUIDAT	D I S P U T E D	AMOUNT OF CLAIM
Account No.	4	ı	Possible medical negligence claim	Ι΄	Ė		
Carla Fortunato 2717 Cowgill Rd Cody, WY 82414		-			ı	x	
		╀			L	L	0.00
Account No.	4		Possible medical negligence claim				
Carla McCoy 1 Cameawait Cir Riverton, WY 82501		-		X	X	X	
							0.00
Account No.		Ť	Possible medical negligence claim	T	T	T	
Carlos Jasso 5 Range View Dr Cody, WY 82414		-		x	X	x	
							0.00
Account No.			Possible medical negligence claim				
Carol and Matthew Fee 260 River St White Bird, ID 83554		-		X	X	x	
A (N	4	_	Describle and the land the same at the same				0.00
Account No.	_		Possible medical negligence claim				
Carol Etheridge 6345 Lone Pine Rd Helena, MT 59602		-		X	×	x	
							0.00
Sheet no. 28 of 340 sheets attached to Schedule	of			Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	١.	1		-	1	1-	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	H W		CONTINGENT	N L Q	DISPUTED	AMOUNT OF CLAIM
Carol Napoli 1080 Vali Rd Powell, WY 82435		-		X	X	T	
Account No.	-	┞	Possible medical negligence claim		_	_	0.00
Carol Quale PO Box 304 Wibaux, MT 59353-0304		-		×	x	x	0.00
Account No.	┢	+	Possible medical negligence claim		t	H	
Carol Strasheim 3955 Olympic Blvd Condo 30 Billings, MT 59102		-		X	x	x	0.00
Account No.	H	H	Possible medical negligence claim		+	H	0.00
Carol Tomsheck 48 Pleasant View Farm Lane Oilmont, MT 59466		-		×	x	x	0.00
Account No.	-	\vdash	Possible medical negligence claim		\perp		
Carol Whitmer 8 Morgan Lane Cody, WY 82414		-		x	x	x	
							0.00
Sheet no. <u>29</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	Тс	T	lusband, Wife, Joint, or Community	С	Ιυ	ΙD	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	F V J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim	ľ	Ė		
Carol Worman PO Box 276 Broadus, MT 59317-0276		-			l	х	
Account No.	+	+	Possible medical negligence claim		\vdash		0.00
Carole Dickerson 1131 Lane 8 Powell, WY 82435		-		x	x	x	
	_	╧			L	L	0.00
Account No. Carole Michaelis 2319 Clark Avenue Billings, MT 59102		-	Possible medical negligence claim	X	x	x	0.00
Account No.	+	$^{+}$	Possible medical negligence claim	+	H	H	
Carole Oien 920 South Jackson Casper, WY 82601		-		X	x	x	0.00
Account No.	+	+	Possible medical negligence claim				0.00
Caroline Foy 1185 Southfork Rd Cody, WY 82414		-		X	x	x	
							0.00
Sheet no. <u>30</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H H	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P UT E D	AMOUNT OF CLAIM
Account No.	1	l	1 ossible medical negligence dalim		E		
Carolyn Mayfield PO Box 2514 Cody, WY 82414		-			x	1	
							0.00
Account No.			Possible medical negligence claim				
Carolyn OHara 2050 Lower Ridge Road Fort Benton, MT 59442		-		x	x	×	<u> </u>
							0.00
Account No.	T	T	Possible medical negligence claim		T	T	
Carolyn Shandy 209 3rd Street East Roundup, MT 59072		-		x	x	X	
							0.00
Account No.	l		Possible medical negligence claim				
Carrol Bell 204 Road 1 Ab Powell, WY 82435		-		x	x	×	<u> </u>
Account No.	L	_	Possible medical negligence claim				0.00
Account NO.	ł		1 ossible medical negligence claim				
Carrol Johnson 885 Davis Road Powell, WY 82435		-		X	x	X	
							0.00
Sheet no31 of _340_ sheets attached to Schedule of	_		1	Sub	tot:	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Tc	Тн	usband, Wife, Joint, or Community	С	Ιυ	ΙD	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ė		
Carroll Kaup PO Box 912 Forsyth, MT 59327		-			l	х	
A (M	4	\perp	Descible modical positions of claim	-	L		0.00
Account No. Cassie McHenry 2105 Central Ave Ste 200 Billings, MT 59102		-	Possible medical negligence claim	X	x	x	
	_	1			L	L	0.00
Account No. Catherine Cline 3454 Mitzi Drive Billings, MT 59101		-	Possible medical negligence claim	x	x	x	0.00
Account No.	╁	+	Possible medical negligence claim	\dagger	H	H	
Catherine Wilson PO Box 6690 Sheridan, WY 82801		-		X	x	x	0.00
Account No.	+	+	Possible medical negligence claim		-		0.00
Cathy Cardneaux 661 S 22nd St. W Billings, MT 59102		-		X	x	x	
							0.00
Sheet no. <u>32</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

I c	I	about Mitter Initiation Community		1	L	i
O D E B T O R	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	OZL-QU-DA	I S P U T E D	AMOUNT OF CLAIM
1		Possible medical negligence claim	T	E		
	-		X	T	T	
						0.00
l		Possible medical negligence claim				
	-		x	x	x	
						0.00
T	T	Collection	T	T	T	
	-					
						795.40
		Possible medical negligence claim				
	-		x	X	×	
		Possible medical peoligence claim				0.00
1		r ossible medical hegiligence claim				
	-		x	x	x	
						0.00
						795.40
	CODEBTOR	HWJC -	Possible medical negligence claim Possible medical negligence claim Collection Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	Possible medical negligence claim Possible medical negligence claim Collection Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X	Possible medical negligence claim Possible medical negligence claim Collection Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Subtota	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Consideration for CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Representation for CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. X X X X Consideration for CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Consideration for CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Representation for CLAIM. IF CLAIM. IS SUBJECT TO SETOFF, SO STATE. X X X X X X X Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Representation for CLAIM. IS CLAI

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	16	11	sband, Wife, Joint, or Community	10	111	D	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.			Services	Т	E		
Cerium 2475 Village Ln #103 Billings, MT 59102		-			D		5,575.70
Account No.	-	L	Possible medical negligence claim	+	H	_	3,070.70
Chad Murri 2408 Ave B Billings, MT 59102		-		x	x	x	0.00
Account No.	┞	H	Possible medical negligence claim	+	H	H	0.00
Chad Taylor 903 Prairie Elk Road Wolf Point, MT 59201		-		X	x	x	0.00
Account No.	┞		Possible medical negligence claim	+			0.00
Chad Tyler 1516 Pearl St Miles City, MT 59301		-		x	x	x	
Account No.	\vdash	\vdash	Possible medical negligence claim	+			0.00
Charisse Childress 806 South Fork Rd Cody, WY 82414		_		X	x	x	0.00
Sheet no. 34 of 340 sheets attached to Schedule of				Subi	tota		3.30
Creditors Holding Unsecured Nonpriority Claims			(Total of				5,575.70

In re	John Henry Schneider		Case No	14-61357	
		Debtor			

CDEDWORK NAME	С	Тн	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	NLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim		E		
Charlean Sonesen 245 North Division Street Powell, WY 82435		-				X	
Account No.	_	1	Possible medical negligence claim		L		0.00
Charlene Collingwood PO Box 345 Greybull, WY 82426		-	Possible medical negligence claim	×	X	x	
							0.00
Account No. Charles Andrew 2550 21st St Apt 211 Gering, NE 69341-1960		-	Possible medical negligence claim	X	x	x	0.00
Account No.		t	Possible medical negligence claim	+	t		
Charles Beauchot 117 North Merriam Miles City, MT 59301		-		×	X	X	0.00
Account No.	\dashv	+	Possible medical negligence claim		+		0.00
Charles Benson PO Box 622 Big Horn, WY 82833		-		x	X	x	
							0.00
Sheet no. <u>35</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	lusband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
Account No.	-		Possible medical negligence ciaim		E		
Charles Cherry 1104 S Merriam Ave Miles City, MT 59301		-			X	ı	
Account No.	╀	\downarrow	Possible medical negligence claim		L	L	0.00
Charles Dowlin PO Box 992 Rawlins, WY 82301		-	Possible medical negligence claim	X	X	x	0.00
Account No.	╁	+	Possible medical negligence claim	+	╁	H	
Charles Fleig 180 Sage Creek Rd Cody, WY 82414		-		X	X	×	0.00
Account No.	\dagger	+	Possible medical negligence claim		H	t	1
Charles Hunter 3654 Mount Rushmore Billings, MT 59102		-		X	X	x	0.00
Account No.	+	+	Possible medical negligence claim		\vdash		0.00
Charles King 722 Holly Ave Worland, WY 82401		-		X	X	x	
							0.00
Sheet no. <u>36</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITODIC NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	H W J	CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	L	DISPUTED	AMOUNT OF CLAIM
Charles Leffingwell PO Box 262 Ekalaka, MT 59324		-		X	T	х	
Account No.	L	-	Possible medical negligence claim		_		0.00
Charles Phillips PO Box 155 Wapiti, WY 82450		-		X	X	x	0.00
Account No.	\vdash	H	Possible medical negligence claim		+	H	0.00
Charles Rimer 1307 South Fork Rd Cody, WY 82414		-		X	×	x	0.00
Account No.	\vdash	\vdash	Possible medical negligence claim	+	t	H	0.00
Charles Shreffler 1520 26th Street Cody, WY 82414		-		X	X	x	0.00
Account No.	\vdash	H	Notice only - attorney for Western Security		\vdash	H	
Charles W. Hingle P.O. Box 639 Billings, MT 59103-0639		-					
Shoot no. 27 of 240 short attacked to Sal. 1.1. S				C1	15.		0.00
Sheet no. $\underline{37}$ of $\underline{340}$ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	N L I QU I D A T	I S P UT E D	AMOUNT OF CLAIM
Account No.	1		1 ossible medical negligence claim		D		
Charles Welch 33 Tanager Dr Cody, WY 82414		-			x	1	
							0.00
Account No.			Possible medical negligence claim				
Charles Wilson 516 Schiller Sheridan, WY 82801		-		x	x	X	
							0.00
Account No.		T	Possible medical negligence claim	T	T	T	
Charlie MacDonald 9 Republic Lane Gillette, WY 82716		-		x	x	x	
							0.00
Account No.			Possible medical negligence claim				
Charlotte Lewis 208 E Northview Ave New Castle, PA 16101		-		x	x	X	
Account No.	╀	_	Possible medical negligence claim	_		L	0.00
Account NO.	1		11 Ossible Medical Negligetice Claim				
Charlotte Pitt 204 Center Street Byron, WY 82412		-		X	x	X	
							0.00
Sheet no. <u>38</u> of <u>340</u> sheets attached to Schedule of	_		1	Sub	l tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	10	Lu	ush and Wife Injut or Community	Ic	Lii	Iъ	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C H M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	C O N T I N G E N T	DALLQULDATED	DISPUTED	AMOUNT OF CLAIM
Charlotte Pointer 1740 Elaine St Billings, MT 59105		-			X	T	0.00
Account No.	t	ŀ	Possible medical negligence claim		\perp	H	
Chelsey Mandler 7415 Hesper RD Billings, MT 59106-3047		-		x	x	x	
							0.00
Account No. Cheri Stephenson 229 Granite Rd Joliet, MT 59041		-	Possible medical negligence claim	x	x	x	0.00
Account No.	t	t	Possible medical negligence claim			H	
Cherie Wambeke 854 Road 1 Deaver, WY 82421		-			x	x	0.00
Account No.	╁	+	Possible medical negligence claim				0.00
Cherish Roberts PO Box 51270 Billings, MT 59105		-		x	X	x	0.00
Sheet no. <u>39</u> of <u>340</u> sheets attached to Schedule o	f			Sub	tota	<u> </u> ւլ	
Creditors Holding Unsecured Nonpriority Claims			(Total o	f this	pag	ge)	0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITIONS MANUE	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ę		
Cherlyn Crowley 275 Astor Avenue Belgrade, MT 59714		-			Х	х	
							0.00
Account No.	-		Possible medical negligence claim				
Cherri Gentry PO Box 171 Ekalaka, MT 59324		-		Х	x	x	
							0.00
Account No.		T	Possible medical negligence claim	T		Г	
Cherrin Livingston 2755 Terra St Rapid City, SD 57703		-		x	x	x	
	L						0.00
Account No.	-		Possible medical negligence claim				
Cheryl Cunningham 15 Cattail Lane Sheridan, WY 82801		-		X	x	x	
Account No.	_		Possible medical negligence claim				0.00
Cheryl Dominick 2602 West Ave Cody, WY 82414		-	1 ossible medical negligence ciaim	x	x	x	
							0.00
Sheet no. <u>40</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		_	(Total of	Subt			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CDEDITIONIS MANGE	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	N L I QU I D A T	I S P U T E D	AMOUNT OF CLAIM
recount 10.	1	l	1 ossible medical negligence dalim		D		
Cheryl Gilmore PO Box 294 Frannie, WY 82423		-			X	ı	
							0.00
Account No.			Possible medical negligence claim				
Cheryl Reed 17 Caddis Lane Cody, WY 82414		-		x	X	x	
		l					0.00
Account No.	Ţ	T	Possible medical negligence claim	T	T	T	
Chris Fink 890 HWY 20 South Basin, WY 82410		-		x	X	x	
		L			L	L	0.00
Account No.	1		Possible medical negligence claim				
Chris Gentry 4979 Us Hwy 287N Ennis, MT 59729		-		x	X	x	
Account No.	-	_	Possible medical negligence claim				0.00
Account NO.	1		Trossible medical negligence cialin				
Chris Stewart 527 Red Barn Dr Belgrade, MT 59714		-		X	X	X	
							0.00
Sheet no41_ of _340_ sheets attached to Schedule of			1	Sub	L tots	<u>L</u>	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Тс	Тн	usband, Wife, Joint, or Community	С	Ιυ	Ъ	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	-	ı	Possible medical negligence claim		Ė		
Christian Hinckley P O Box 689 Basin, WY 82410		-			l	X	
Account No.	+	+	Possible medical negligence claim	-		-	0.00
Christine Wagner 1191 Highway 28 Salmon, ID 83467-5331		_	To solble medical negligence cialin	x	x	X	0.00
Account No.	┿	+	Possible medical negligence claim	+	╁	╀	
Christopher DAnna PO Box 654 Park City, MT 59063		-		X	x	X	0.00
Account No.	╁	+	Possible medical negligence claim	+	╁	+	5.55
Christopher Dunlap PO Box 214 Basin, WY 82410		-		X	x	X	0.00
Account No.	╁	+	Possible medical negligence claim	+	\vdash	\perp	0.00
Christopher Reimer 501 Sprint Circle Billings, MT 59102		-		×	x	X	
					L		0.00
Sheet no. <u>42</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	Tc	1	unhand Wife Inint or Community	10	Lii	D	I
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	L H W J C	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	D I S P U T E D	AMOUNT OF CLAIM
Christopher Snell 1175 Yorktown Street Billings, MT 59105		-			X	T	0.00
Account No. Christy Jones			Possible medical negligence claim				
PO Box 216 Powell, WY 82435		-		X	X	×	0.00
Account No. Cicso Information Systems Cisco Systems, Inc. Corporate Headquarters 170 West Tasman Dr. San Jose, CA 95134		-	Services				42,500.00
Account No. Cindy Baldwin Kramer PO Box 515 Cody, WY 82414-0301		-	Possible medical negligence claim	×	x	x	0.00
Account No. Cindy Delacruz 305 Jersey Lovell, WY 82431		-	Possible medical negligence claim	X	x	x	0.00
Sheet no. <u>43</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			42,500.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	Ic	Тн	usband, Wife, Joint, or Community	С	Lu	Ιп	T
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
recount ivo.	1		Toolisia madical negligenee ciaim		D		
Cindy Ferguson 925 South 9th St Lander, WY 82520		-			X	1	
Account No.	+	+	Possible medical negligence claim		-	$\frac{1}{1}$	0.00
Cindy Hunder PO Box 643 Powell, WY 82435		-		x	x	x	0.00
Account No.	+	+	Possible medical negligence claim		+	+	
Cindy Lynch 1601 Judd Circle Billings, MT 59102-6581		-		X	x	x	0.00
Account No.	\dagger	+	Trade debt		+	+	
Cisco Capital PO Box 742927 Los Angeles, CA 90074		-					1,770.69
Account No.	+	\dagger	Possible medical negligence claim			T	
Cisco Nichols PO Box 811 Columbus, MT 59019		-		X	x	x	0.00
Sheet no44 _ of _340 sheets attached to Schedule o	f			Sub	tot	<u> </u> al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				1,770.69

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CDEDITODIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
recount 110.	1		T coolsie modical negligorice dialin		D		
Clara Jenkins 72 Beatty Spur Road Sheridan, WY 82801		-			x	ı	
							0.00
Account No.	1		Possible medical negligence claim				
Clara Smith PO Box 252 Jordan, MT 59337		-		X	x	x	
							0.00
Account No.	T	T	Possible medical negligence claim	T	T	T	
Clarence Cochran 113 N Chugwater Dr Cody, WY 82414		-		X	x	x	
		L				L	0.00
Account No.	ł		Possible medical negligence claim				
Clarence Petaja PO Box 370 Big Timber, MT 59011		-		X	x	x	
Account No.		-	Possible medical negligence claim				0.00
1100 mm 110.	ſ		Todalor modical negligence claim				
Clarisa Landor 3618 Oregan Avenue Butte, MT 59701		-		x	x	x	
							0.00
Sheet no. <u>45</u> of <u>340</u> sheets attached to Schedule of			1	Sub	L tota	<u>L</u> ւl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	COZH_ZGEZH	NLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
recount 110.	ł	l	Toolsisia madical magnigarios dialim		D		
Clarissa Demas 210 South L Street Livingston, MT 59047		-		X	x	×	
							0.00
Account No.			Possible medical negligence claim			Ī	
Clarlee Pierson 1010 Sunhaven Drive Laurel, MT 59044-2516		-		X	x	×	<u> </u>
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Claude Sammons PO Box 407 Riverton, WY 82501		-		x	x	×	
							0.00
Account No.		T	Possible medical negligence claim			T	
Clay Shumway PO Box 234 Meeteetse, WY 82433		-		x	x	×	:
A cooper No		_	Descible medical regligence daim	1		_	0.00
Account No.	ł		Possible medical negligence claim				
Clayton Ebright PO Box 595 Basin, WY 82410		-		X	x	×	
							0.00
Sheet no46_ of _340_ sheets attached to Schedule of	_		<u> </u>	Sub	L tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	16	1	usband, Wife, Joint, or Community	10	Lii	D	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Clayton Onckelet 3607 N College Park Ct Gillette, WY 82718		-			Х		0.00
Account No.	╁	+	Possible medical negligence claim				0.00
Clayton Post 830 Clark Billings, MT 59101		-		x	X	X	
							0.00
Account No. Clifford Johnson PO Box 1 Glenrock, WY 82637		-	Possible medical negligence claim	х	x	x	0.00
Account No.	†	t	Possible medical negligence claim				
Clifford Sabo 999 16th Street SW Sidney, MT 59270		-		x	x	x	0.00
Account No.	+	+	Possible medical negligence claim				0.00
Clifford Stannebein 2512 Raymond Place Billings, MT 59102		-		x	x	x	0.00
Sheet no. <u>47</u> of <u>340</u> sheets attached to Schedule of	f		1	Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total o	this	pag	ge)	0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

		_			_		1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	J C	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLLQULDAHED	DISPUTED	AMOUNT OF CLAIM
Clifton Taylor 940 Lane 11 Powell, WY 82435		-		X	х	T	0.00
Account No.	╁	l	Possible medical negligence claim				0.00
Clinton Farmer 647 Road 10 Powell, WY 82435		-		x	X	X	
							0.00
Account No. Clinton Reimers 316 East 3rd Street Sheridan, WY 82801		_	Possible medical negligence claim	X	x	x	0.00
Account No.	╁	t	Possible medical negligence claim				
Cody Edwards 7675 Shedhorn Dr Bozeman, MT 59718-7742		-		X	x	x	0.00
Account No.	╁	t	Possible medical negligence claim				
Cody Minchow 3803 Blue Avenue Gillette, WY 82718		-		x	x	x	0.00
Sheet no. <u>48</u> of <u>340</u> sheets attached to Schedule or	 f	L		Sub	tota	<u>L</u>	0.00
Creditors Holding Unsecured Nonpriority Claims	•		(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDED ITODIG VALVE	С	Тн	isband, Wife, Joint, or Community	С	Īυ	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Account No.	-	l	Possible medical negligence claim	ľ	Ė		
Coleen Turner 319 South 20th St Worland, WY 82401		-		X	×	T	
							0.00
Account No.	1		Possible medical negligence claim		l		
Colette Harris 108 South Lake Ave Miles City, MT 59301		-		x	x	x	
							0.00
Account No.		Γ	Possible medical negligence claim		Γ		
Colette Schwindt 2519 Ina Avenue Cody, WY 82414-9738		-		x	×	×	
Account No.	L	┞	Judgment	\downarrow	╀	_	0.00
Collection Professionals 3104 W. Broadway Missoula, MT 59802		-	oudgment				4,939.29
Account No.	╁	H	Possible medical negligence claim	+	+	+	,
Colleen Babb 900 Higgins Ave Lot 13 Deer Lodge, MT 59722		_		x	×	x	0.00
Shark and the state of the stat				C1	1-1		3.50
Sheet no. <u>49</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			4,939.29

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Τc	I	sband, Wife, Joint, or Community	10	Lii	D	T
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTLNGENT	UNLLQULDA	SPUTED	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	Т	DATED		
Colleen Fischer 34314 CR 111 Savage, MT 59262		-		X	Х	х	
A4 N-		_	Describle modical populations alaim				0.00
Account No. Conan Donnelly 1714 Comstock Miles City, MT 59301		-	Possible medical negligence claim	X	x	x	0.00
Account No.	+	\vdash	Possible medical negligence claim	+	H	H	0.00
Connie Medhus 424 W. Division Hardin, MT 59034		-	- control modern and grigorian	x	x	x	0.00
Account No.	+		Possible medical negligence claim				0.00
Connie Starr 443 North Clark Powell, WY 82435		-		X	x	x	
Account No.	+		Possible medical negligence claim				0.00
Connie Watts 100 Sunburst Drive Cody, WY 82414		-		X	x	x	
							0.00
Sheet no. <u>50</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	Ic	Τω	usband, Wife, Joint, or Community	С	111	D	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Constance Young 124 Stone Gate Drive Spearfish, SD 57783		-			Х		0.00
Account No.	+	+	Possible medical negligence claim				0.00
Coral Langstraat PO Box 129 Melstone, MT 59054-0129		-		x	×	×	
							0.00
Account No. Coralie Herrick 176 South Chugwater Drive Cody, WY 82414		-	Possible medical negligence claim	x	x	×	0.00
Account No.	+	\dagger	Possible medical negligence claim				
Corey Hanson 517 7th Ave N Greybull, WY 82426		-		x	x	x	0.00
Account No.	╁	\dagger	Possible medical negligence claim				0.00
Corey Vogel 610 Pinehurst Rd Billings, MT 59105		-		x	x		0.00
Sheet no. <u>51</u> of <u>340</u> sheets attached to Schedule o	f			Sub	tota	<u>L</u>	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

GD DD MODIS VALVE	С	Тн	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	4	ı	Possible medical negligence claim		Ė		
Cori Mehmen 908 E Z Street Apt D Gillette, WY 82718		-			l	X	
Account No.	+	\perp	Possible medical negligence claim		L	-	0.00
Corina Bruce 535 Jemstone Drive Billings, MT 59101		-	Tossible medical negligence dialin	x	x	X	0.00
Account No.	┽	+	Possible medical negligence claim	+	╀	╀	0.00
Corrine Schauer 2288 Greenbriar Rd Billings, MT 59105		-	Todalsie medical negligenee dalin	X	x	X	0.00
Account No.	+	+	Possible medical negligence claim	+	╁	+	
Cory Blaney 1845 Kristi Ln Sheridan, WY 82801		-		X	x	X	0.00
Account No.	╫	+	Possible medical negligence claim	+	╁	+	0.00
Cory Erlenbach 735 Kamenka Dr No 8 Billings, MT 59106		-		X	x	X	
					L		0.00
Sheet no. <u>52</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	La	1		10	l	<u> </u>	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	T	E		
Cory Sova 3228 Fitzpatrick Dr Rock Springs, WY 82901		-		x	Х	х	
A OY			Describle and find a colling and delice				0.00
Account No. Coy Gail 601 13th Street Cody, WY 82414		-	Possible medical negligence claim	x	x	x	0.00
Account No.	┢	┢	Possible medical negligence claim	+	\vdash	\vdash	
Craig Newman 1014 6th Ave SE Dickinson, ND 58601	-	-		x	x	x	0.00
Account No.	╁		Possible medical negligence claim	+	H	\vdash	
Craig Renfro PO Box 147 Belfry, MT 59008		-		x	x	x	0.00
Account No.	╁	\vdash	Possible medical negligence claim	+			0.00
Crystal Allen 5570 Greybull HWY Cody, WY 82414		-		x	x	x	0.00
Sheet no. <u>53</u> of <u>340</u> sheets attached to Schedule of				Sub	tota	1	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITOR'S NAME,	C	Н	sband, Wife, Joint, or Community	С	Į	D	D
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim	ONT INGENT	NL I GU I DATED	D I S P U T E D	AMOUNT OF CLAIM
Account No.	ł		r ossible medical negligence cialin		E		
Curt Manning 59 Pumphouse Rd Hysham, MT 59038		-		×	()	(×	
Account No.	┢	┞	Possible medical negligence claim	+	+	+	0.00
Curtis Ehman 785 Rd 8 Powell, WY 82435		-	J	×	< >	(×	
Account No.	┢	┝	Possible medical negligence claim	+	+	+	0.00
Cynthia Baker 330 Lasater Ave Plentywood, MT 59254		-	J	×	< >	×	
Account No.	┢	┝	Possible medical negligence claim	+	+	+	0.00
Cynthia Barski 314 Bicentennial Powell, WY 82435		-		×	< >	(×	X 0.00
Account No.	┢	H	Possible medical negligence claim	+	+	+	0.00
Cynthia Murnion PO Box 91 Jordan, MT 59337		-			>	(×	X
							0.00
Sheet no. <u>54</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	•		(Total o	Sub f this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
recount ivo.	1	l	T cools to the died. He ging of the Chairm		D		
Cynthia Ridl 11425 34th Street SW Dickinson, ND 58601		-			x	1	
							0.00
Account No.	1		Possible medical negligence claim				
Dale Barta 809 S Sutton Miles City, MT 59301		-		X	x	×	
							0.00
Account No.	İ	T	Possible medical negligence claim	T	T	T	
Dale Coryell 110 Neu Vu Ave Miles City, MT 59301		-		×	x	×	
							0.00
Account No.			Possible medical negligence claim				
Dale Crookshanks 914 36th Street Cody, WY 82414		-		x	x	×	
Account No.	╀	ļ	Possible medical negligence claim			ļ	0.00
Dale Goben 2503 Kristan Ave Gillette, WY 82718		-	3 3 3 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5	X	x	×	
							0.00
Sheet no. <u>55</u> of <u>340</u> sheets attached to Schedule of	_		1	Sub	tota	ıl	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider		Case No	14-61357	
_		Debtor			

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	COZH_ZGEZH	UZLLQULDAFED	I S P U T E D	AMOUNT OF CLAIM
Account No.	ł	l	Todalble medical negligence dalim		D		
Dale Richert 257 US Hwy 20 South Thermopolis, WY 82443		-		X	x	x	
							0.00
Account No.	1		Possible medical negligence claim				
Dale Sanford 3960 Us Hwy 310 Joliet, MT 59041		-		х	X	x	
							0.00
Account No.	T	t	Possible medical negligence claim	T	T	T	
Dale Shafer 1770 Dutcher Springs Trail Powell, WY 82435		-		x	X	x	
							0.00
Account No.		T	Possible medical negligence claim	T	T	T	
Dalen Davis 917 N 5th St Greybull, WY 82426		-		x	X	x	
A		\perp	Descible readical positivenes deire	_		L	0.00
Account No.	ł		Possible medical negligence claim				
Dan Ferris 1038 Miles Ave Billings, MT 59102		-		Х	×	×	
							0.00
Sheet no. <u>56</u> of <u>340</u> sheets attached to Schedule of	_		1	Sub	tota	L ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider			Case No.	14-61357	
_		Debtor	-/			

	Ic	Tu	usband, Wife, Joint, or Community		Lii	Ιn	T
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM		ONLIQUIDAT.	DISPUTED	AMOUNT OF CLAIM
Tecount 1 to.	\dashv		Damages		Þ		
Dan Mattson 3111 Avenue E Billings, MT 59102		-				x	
		╽			L		Unknown
Account No.	_		Possible medical negligence claim				
Dan Schnetter 841 Arlington Dr Billings, MT 59101-5112		-		x	X	×	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Dane Giesel PO Box 482 Wright, WY 82732		-		X	X	X	
					L		0.00
Account No.			Possible medical negligence claim				
Dane Herd PO Box 566 Ralston, WY 82440		-		x	X	×	
Account No.			Possible medical negligence claim	+	_		0.00
Danette Woods 1113 1st Ave East Kalispell, MT 59901		-		x	X	x	
							0.00
Sheet no. <u>57</u> of <u>340</u> sheets attached to Schedule of Subtotal Creditors Holding Unsecured Nonpriority Claims (Total of this page)							0.00

In re	John Henry Schneider			Case No.	14-61357	
_		Debtor	-/			

	Τc	Ι μ	sband, Wife, Joint, or Community	- C	111	D	Ι
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim	T	E		
Daniel Acton 19 Whiskey Road Cody, WY 82414		-		X	Г	х	
	┸						0.00
Account No.	4		Possible medical negligence claim				
Daniel Anderson 1314 32nd Street Cody, WY 82414		-		X	x	x	
							0.00
Account No.		T	Possible medical negligence claim		Г	Г	
Daniel Brown 34 Rocky Top Rd Roundup, MT 59072		-		x	x	x	
		L					0.00
Account No.	4		Possible medical negligence claim				
Daniel Land 430 32nd Ave S Great Falls, MT 59405		-		X	x		
							0.00
Account No.	-		Possible medical negligence claim				
Daniel Lundin 1532 Sage Dr Billings, MT 59105		-		X	x	×	
							0.00
Sheet no. <u>58</u> of <u>340</u> sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f	<u> </u>	(Total of	Sub			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITODIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
110000000000000000000000000000000000000	ł		l coole meanan negnganaa aann	L	b	L	
Daniel McGee 1925 Pinyon Drive Laurel, MT 59044		-			x	l	
		l					0.00
Account No.		T	Possible medical negligence claim				
Daniel Montross 2602 Ina Ave Cody, WY 82414		-		x	x	×	
		l					0.00
Account No.		T	Possible medical negligence claim		T	T	
Daniel O Neil PO Box 638 Columbus, MT 59019		-		x	x	×	
							0.00
Account No.		Γ	Possible medical negligence claim			Γ	
Daniel Smith 414 West Lane Worland, WY 82401		-		x	x	×	(
Account No.	╀	_	Possible medical negligence claim			ŀ	0.00
Daniel White 56 Appaloosa Lane Cody, WY 82414		-		X	x	×	
							0.00
Sheet no. 59 of 340 sheets attached to Schedule of				Sub	tota	al	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Тс	T.	Hus	pand, Wife, Joint, or Community	С	Īυ	Ъ	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H V	C J M H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	4			Possible medical negligence claim	Ι.	Ė		
Danielle Becker 1111 Alice Miles City, MT 59301		-	-			1	X	
Account No.		$\frac{1}{2}$	4	Possible medical negligence claim		\vdash	_	0.00
Danielle McClure 126 13th Ave South Lewistown, MT 59457		-	-	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	x	x	X	
Account No.	4	\downarrow	4	Possible medical negligence claim	+	╀	\vdash	0.00
Danny Berg 265 East Grant Marsh Hardin, MT 59034		-	-	r ossible medical negligence dami	X	×	X	0.00
Account No.	\dashv	+	+	Possible medical negligence claim	+	+	t	
Danny Fritzler 706 S Gurley Ave Gillette, WY 82716		-	-		X	x	X	
Account No.	\dashv	+	+	Possible medical negligence claim		+	+	0.00
Danny Hinton 837 Ginger Ave Billings, MT 59105		-	-		x	×	X	
								0.00
Sheet no. <u>60</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of	•	•	(Total of	Sub			0.00

In re	John Henry Schneider			Case No.	14-61357	
_		Debtor	-/			

CDEDITORIS MANG	С	Н	isband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C N H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	UNLIQUIDATE	I S P U T E D	AMOUNT OF CLAIM
Account No.	ł	ı	Possible medical negligence claim		Ė		
Danny Sell 138 Road 3 Dx Cody, WY 82414		-		Х	х	×	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Danny Short PO Box 1198 Columbus, MT 59019		-		x	x	×	
							0.00
Account No.	Γ	Γ	Possible medical negligence claim		Γ	Γ	
Danny Thom 2926 Becraft Ln Billings, MT 59101		-		×	X	x	
		L					0.00
Account No.			Possible medical negligence claim				
Darcia Patten 16 Graham Rd Broadus, MT 59317		-		X	X	×	
Account No.	-	_	Malpractice claim			L	0.00
Darin Rein 2503 Atchison Dr Laurel, MT 59044		-		X	x	×	
							Unknown
Sheet no. <u>61</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	-	_	(Total of	Sub			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

GDUDAMODIG VALVE	Ic	Тн	lusband, Wife, Joint, or Community	С	Ιυ	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.		ı	Possible medical negligence claim	ľ	Ė		
Darla Saam PO Box 143 Shell, WY 82441		-			1	X	
		1			L		0.00
Account No.			Possible medical negligence claim		l		
Darlene Woodruff 419 Sunlight Drive Powell, WY 82435		-		X	×	x	
							0.00
Account No.		T	Possible medical negligence claim	1	T	T	
Darrel Chaney 3220 Leah Drive Belgrade, MT 59714		-		×	x	x	
							0.00
Account No.		Τ	Possible medical negligence claim		Γ	Γ	
Darrell Young 211 Mecent Avenue Gillette, WY 82718		-		X	x	X	
Account No.		1	Descible medical regligence claim	_			0.00
Account No.			Possible medical negligence claim				
Darris Mangun 168 Wild Plum Kooskia, ID 83539		-		X	x	x	
							0.00
Sheet no. 62 of 340 sheets attached to Sche	dule of		1	Sub			0.00
Sheet no. <u>62</u> of <u>340</u> sheets attached to Sche Creditors Holding Unsecured Nonpriority Claims	dule of		(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Iс	Тн	usband, Wife, Joint, or Community	С	Ιu	Гр	Ī
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	J H W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		NLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.	4	l	Possible medical negligence claim	ľ	Ė		
Darvin Leidholt 1819 N Daly Ave Miles City, MT 59301		-			l	х	
Account No.	╀	╀	Possible medical negligence claim	+	-		0.00
Daryl Lottman 168 East Broadway St Thermopolis, WY 82443		-		x	x	x	0.00
Account No.	╀	╀	Possible medical negligence claim	+	┞	\vdash	0.00
Dave Brunson 1705 Shalom Ave Gillette, WY 82718		-	Todalou modicul mogilgonoc cialin	x	x	x	0.00
Account No.	t	+	Possible medical negligence claim	-	_		0.00
David Bell 1771 DeSmet Street Sheridan, WY 82801		-		X	x	x	
Account No.	╀	╁	Possible medical negligence claim	+	╁	-	0.00
David Bentz 5343 Crest View Dr Billings, MT 59101		-		×	x	x	
							0.00
Sheet no. <u>63</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Тс	TH	lusband, Wife, Joint, or Community	С	Ιυ	Īρ	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.	\dashv	ı	Possible medical negligence claim		Ė		
David Christianson 2566 Keel Drive Billings, MT 59105		-				X	
Account No.	4	+	Possible medical negligence claim		L	_	0.00
David Corkum 122 Miners Drive Billings, MT 59102		-	Todalou Hegilgerice ciairi	x	x	x	0.00
Account No.	+	+	Possible medical negligence claim		╀	+	0.00
David Dunning 820 Avenue C No 2 Billings, MT 59102		-		X	X	x	0.00
Account No.	+	+	Possible medical negligence claim	+	H	+	0.00
David Galusha 204 Chestnut Ave Glendive, MT 59330		-		X	X	x	0.00
Account No.		+	Possible medical negligence claim	-	\vdash	+	0.00
David Gialdini 197 Lower Southfork Rd Cody, WY 82414		-		X	X	x	
							0.00
Sheet no. <u>64</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CD CD MODIG MANGE	С	Тн	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	N L I QU I D A T	D I S P U T E D	AMOUNT OF CLAIM
Account No.	-	ı	Possible medical negligence claim		Ė		
David Gilman 923 Lane 11 1/2 Powell, WY 82435		-				x	
Account No.	4	1	Possible medical negligence claim	_	L	_	0.00
David Hargett PO Box 30013 Billings, MT 59107		-	r ossible medical negligence claim	x	X	x	0.00
Account No.	+	+	Possible medical negligence claim	+	╀	╀	0.00
David Howrey PO Box 2531 Cody, WY 82414		-		x	X	x	0.00
Account No.	+	+	Possible medical negligence claim	+	H	+	
David Kawulok PO Box 494 Sheridan, WY 82801		-		x	X	x	0.00
Account No.	\dashv	+	Possible medical negligence claim	+	+	+	0.00
David Kepford 509 North Montana Miles City, MT 59301		-		×	x	x	
							0.00
Sheet no. <u>65</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

С	TΕ	sband, Wife, Joint, or Community	С	U	D	1
OD E B T O R	H V J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NL I QU I DAT	I S P U T E D	AMOUNT OF CLAIM
4		Possible medical negligence claim		Ė		
	-			1		
_	1	Describle or edited and income	_	_	_	0.00
\dashv		Possible medical negligence claim				
	-		×	x	x	
						0.00
	Ť	Possible medical negligence claim		T	T	
	-		×	x	X	
						0.00
	Τ	Possible medical negligence claim				
	-		×	x	X	
4	+	Possible medical pedigence claim	4			0.00
\dashv		Trossible medical negligence claim				
	-		X	X	x	
						0.00
f			Sub	tota	ıl	0.00
	CODDEE BRTTOOR	ODUBTOR	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	- Possible medical negligence claim - X Possible medical negligence claim - X Possible medical negligence claim - X Possible medical negligence claim - X	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X X	Possible medical negligence claim

In re	John Henry Schneider			Case No.	14-61357	
_		Debtor	-/			

	I.c.	Luc	sband, Wife, Joint, or Community	10	111	D	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim	T	E		
David Prince 342 East Collins St Forsyth, MT 59327		-		x	Х	х	
Account No.	╀	_	Possible medical negligence claim	_			0.00
David Ripley 94 Beverly Dr Cody, WY 82414		-		x	x	x	
Account No.	-	┞	Possible medical negligence claim	+	L	L	0.00
David Ritz 3001 HWY 312 Billings, MT 59105		-	1 ossible medical negligence ciaim	X	x	x	0.00
Account No.	╁	\vdash	Possible medical negligence claim	+			0.00
David Ruhl 1244 33rd St Cody, WY 82414		-		x	x	x	
Account No.	╀	\vdash	Possible medical negligence claim	+			0.00
David Sechrist 1101 Sage Brush Street Cody, WY 82414		-		X	x	x	
							0.00
Sheet no. <u>67</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

Г	I c	Lu	whend Wife Island on Occasionity	10	Lii	L	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C A H		CONTINGENT	L Q	DISPUTED	AMOUNT OF CLAIM
David Sherod 115 Sherod Road Ryegate, MT 59074		-		X	X	T	
Account No.	_	┞	Possible medical negligence claim		_		0.00
David Smisson 1450 Falcon Village Hgts Apt 108 Colorado Springs, CO 80921		_	Tools moder nogigence dain	×	x	x	0.00
Account No.	T	T	Possible medical negligence claim		T	T	
David Sorenson PO Box 362 Forsyth, MT 59327		-		x	x	x	0.00
Account No.	┞	+	Possible medical negligence claim		\vdash		0.00
David Stinnett 31 Ross Road Cody, WY 82414		-		X	x	x	0.00
Account No.		H	Possible medical negligence claim				
David Tyrrell Box 92 Shell, WY 82441		-		X	x	x	
						L	0.00
Sheet no. <u>68</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CREDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDATE	I S P U T E D	AMOUNT OF CLAIM
	1	l		L	Ď	╀	
David Vaisman PO Box 187 Forsyth, MT 59327		-		X	x	x	
							0.00
Account No.	T	t	Possible medical negligence claim		r	T	
David Vosen PO Box 50164 Billings, MT 59105		-		x	x	x	
							0.00
Account No.		Γ	Possible medical negligence claim				
David Waters PO Box 22 Richey, MT 59259		-		x	x	X	
							0.00
Account No.		Γ	Possible medical negligence claim				
David Whitman 2716 E Ave Cody, WY 82414		-		x	x	x	
Account No.	-	_	Possible medical negligence claim			L	0.00
	1		Todalou modical negligance claim				
David Williamson 745 North 4th Street Greybull, WY 82426		-		Х	x	X	
							0.00
Sheet no. 69 of 340 sheets attached to Schedule of			1	Sub	l tota	1 al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Тс	Тн	usband, Wife, Joint, or Community	С	Ιυ	ΤD	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NL I QU I DAT	D I S P U T E D	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim	Ι΄	Ė		
David Young PO Box 83 Rozet, WY 82727		-				x	
Account No.	╁	╀	Possible medical negligence claim	_	┞	\perp	0.00
Dawn Follum 1205 West 14th Street Laurel, MT 59044		-	Todalou Hogilgenoe dalini	x	x	x	0.00
Account No.	╁	╀	Possible medical negligence claim	+	╁	╀	
Dawn Leidholt 58 Canyon View Trail Miles City, MT 59301		-		X	X	x	0.00
Account No.	╁	t	Possible medical negligence claim		H	+	
Dawn Norris 52 Box Cross Road Sheridan, WY 82801		-		X	X	x	0.00
Account No.	╁	+	Possible medical negligence claim		\vdash	+	0.00
Dawn Stirling 31 Spruce Drive Miles City, MT 59301		-		X	x	x	
		\perp			L	L	0.00
Sheet no. <u>70</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CDEDITODIO NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	L	DISPUTED	AMOUNT OF CLAIM
Dawne Jensen 50 Tapadero Lane Cody, WY 82414		-		X	T	х	
Account No.		ŀ	Possible medical negligence claim	+	_		0.00
Dax Ferguson 3511 Central Ave Billings, MT 59102		-		X	X	x	0.00
Account No.	╁	+	Possible medical negligence claim	+	+	H	0.00
Dean Askim 3100 South Park City Rd Laurel, MT 59044		-		X	X	x	0.00
Account No.	┢	ł	Possible medical negligence claim	+	+	H	0.00
Dean House 679 Mountain View Powell, WY 82435		-		×	X	x	0.00
Account No.	-	ŀ	Possible medical negligence claim	+	+		0.00
Dean Rickman 37 Benbow Rd Fishtail, MT 59028		-		x	x	x	
							0.00
Sheet no. <u>71</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

<u></u>	Ιc	Г	sband, Wife, Joint, or Community	10	Lii	D	T
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONT - NGENT	UNLIQUIDA	SPUTED	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim	T	D A T E D		
DeAnn Melius 3565 Yeoman Rd Shepherd, MT 59079		-		X	Х	х	
Account No.	-	_	Possible medical negligence claim	+			0.00
Deanna Self 1260 Southfork Rd Cody, WY 82414		-		x	x	x	
Account No.	-	L	Possible medical negligence claim	+	L		0.00
Deanne Marcil 1509 Lincoln St Miles City, MT 59301		-	T coolide medical negligence diami	X	X	x	0.00
Account No.		<u> </u>	Possible medical negligence claim	+	<u> </u>		0.00
Deb Broderson 4131 Stone Billings, MT 59101		-		×	X	x	
Account No.		_	Possible medical negligence claim	+			0.00
Debarah Dwyer 14001 HWY 85 North Alexander, ND 58831		-		x	Х	x	
							0.00
Sheet no72_ of _340_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Subt			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

GDED WORLD VILLE	С	Тн	usband, Wife, Joint, or Community	С	Īυ	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim		Ė		
Debbie Cox 7808 Valley Drive East Miles City, MT 59301		-			1	X	
Account No.	+	╀	Possible medical negligence claim		\vdash	_	0.00
Debbie Nilsen 1908 Newton Avenue Cody, WY 82414		-		X	x	X	
Account No.		╀	Possible medical negligence claim		╀	╀	0.00
Deborah Elliot PO Box 113 Ranchester, WY 82839		-	Tossible medical negligence claim	X	×	X	0.00
Account No.	+	t	Possible medical negligence claim	+	+	t	
Deborah Morgan PO Box 504 Bridger, MT 59014-0504		-		×	x	X	0.00
Account No.	+	+	Possible medical negligence claim		+	+	0.00
Deborah Smith 5525 Chad Court Colorado Springs, CO 80915		-		x	x	X	
							0.00
Sheet no73 _ of _340 sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	e of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	T _C	1	when d Wife Third on Occasionity	10	1	L	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	H W J C	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Debra Rice 36 Paradise Drive Sheridan, WY 82801		-			X	T	0.00
Account No.	╁	+	Possible medical negligence claim			H	
Debra Ruhoff 1325 Taylor Avenue Sheridan, WY 82801		-		X	x	x	
							0.00
Account No. Dee Walden 807 Ridge Drive Laurel, MT 59044		-	Possible medical negligence claim	X	x	x	0.00
Account No.	\dagger	t	Possible medical negligence claim		T	H	
Deeanne Mellgren 2358 Bonnevue Sq Billings, MT 59102		-		x	X	x	0.00
Account No.	╁	+	Possible medical negligence claim		\perp	H	0.00
Dellas Dutton 319 Tam O Shanter Road Billings, MT 59105		-		X	x	x	0.00
Sheet no74_ of _340_ sheets attached to Schedule of	<u>.</u>		1	Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total o	f this	pag	ge)	0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CDED WORK VALUE	С	Тн	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C A H	DATE CLANAWAG INCUIDED AND	ONTINGENT	L	DISPUTED	AMOUNT OF CLAIM
Delmer Meidinger PO Box 1215 Forsyth, MT 59327		-		×	T	X	
Account No.	_	-	Possible medical negligence claim	-	_		0.00
Delphie Slavick 2546 Woody Drive Billings, MT 59102		-		X	X	x	0.00
Account No.	┞	\vdash	Possible medical negligence claim	+	+	+	0.00
Denise Howard PO Box 1338 Riverton, WY 82501		-		X	X	x	0.00
Account No.		H	Possible medical negligence claim	+	\perp	\perp	0.00
Denise Pierce PO Box 165 Ekalaka, MT 59324		-		X	X	x	0.00
Account No.			Possible medical negligence claim		+	+	0.00
Denise Wright 105 North Bridge Street Reed Point, MT 59069		-		×	X	x	
							0.00
Sheet no. <u>75</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITODIS MAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.	-		Possible medical negligence claim	'	Ė		
Dennis Davidson PO Box 144 Burlington, WY 82411		-			l	x	
							0.00
Account No.	T	T	Possible medical negligence claim		Ī		
Dennis Dunn PO Box 785		-		X	x	X	
							0.00
Account No.	T	T	Possible medical negligence claim	T	T	T	
Dennis Lapierre 618 Washington St Billings, MT 59101		-		x	x	x	
	_	L					0.00
Account No.	┨		Possible medical negligence claim				
Dennis Larsen 424 21st Street East Williston, ND 58801		-		X	X	x	
A Nr.			Describle was disclosed in successful and successfu				0.00
Account No.	┨		Possible medical negligence claim				
Dennis Maag PO Box 861 Colstrip, MT 59323		-		X	x	x	
							0.00
Sheet no76_ of _340_ sheets attached to Schedule of		_		Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	3.00

In re	John Henry Schneider			Case No.	14-61357	
_		Debtor	-/			

CREDITOR'S NAME,	Ç	Hu	sband, Wife, Joint, or Community	С	U	Ē		
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim	ONTINGENT	UNLIQUIDATED	FUTE		AMOUNT OF CLAIM
Dennis Nolte 9354 N Starr Rd Campbellsburg, IN 47108		-			X	Ť	×	
Account No.	+		Possible medical negligence claim	+	\vdash	-	+	0.00
Dennis Schmidt PO Box 34 Meeteetse, WY 82433		-		×	X		×	
Account No.	╀		Possible medical negligence claim	+	-	\downarrow	+	0.00
Dennis Swiftney 3463 Rimrock Road Greybull, WY 82426		-		X	×	()	×	
Account No.	╀		Possible medical negligence claim	+	+	+	+	0.00
Dennis Wells PO Box 2319 Colstrip, MT 59323		-		X	X	()	×	2.22
Account No.	+		Possible medical negligence claim	+	H	<u> </u>	+	0.00
Devona Tschacher 1314 Meadow Lane Cody, WY 82414		-		x	x	()	×	
								0.00
Sheet no77_ of _340_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		-	(Total of	Sub this)	0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

GD 7D 700 0 10 11 10 10	Тс	T	sband, Wife, Joint, or Community		: Tu	, T [0	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	F V J	DATE CLAIM WAS INCURRED AN CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATI	O T			AMOUNT C	OF CLAIM
Account No.	4		Possible medical negligence claim					
Dexter Eastlick PO Box 62 Laurel, MT 59044		-			()	1		0.00
Account No.	+	+	Notice only - Attorney for Mary Wilkinson		+	+		0.00
Diana Rhodes 2015 Warren Avenue Cheyenne, WY 82001		-						
							ι	Unknown
Account No.		Τ	Possible medical negligence claim					
Diane Heidt 1439 Flathead Apt 2 Billings, MT 59105		-		>				
Account No.	_	\downarrow	Possible medical negligence claim		+	\downarrow		0.00
Diane Raisland 1009 A Hwy 10 W Big Timber, MT 59011		-		>	<		C	0.00
Account No.	+	$\frac{1}{1}$	Possible medical negligence claim		+	+		0.00
Diane White 37 Washington Street 10 Billings, MT 59101		-		>				
								0.00
Sheet no. <u>78</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(T	Sub otal of this				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITODIS MAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J H	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
Account No.	┨	l	1 ossible medical negligence claim		D		
Dione Leidholt 1128 Ave D NW Great Falls, MT 59404		-			x	ı	
							0.00
Account No.			Possible medical negligence claim				
Dolores Hurlbert 809 Oregon Deer Lodge, MT 59722		-		X	x	x	
							0.00
Account No.		T	Possible medical negligence claim		T		
Don Branstetter 714 Ave G Powell, WY 82435		-		X	x	x	
							0.00
Account No.	Τ	T	Possible medical negligence claim		T	T	
Don Davidson 2152 Rangeview Ct Billings, MT 59106		-		X	x	x	
Account No.	╀	_	Possible medical negligence claim		<u> </u>		0.00
Don Gilbreath PO Box 417 Meeteetse, WY 82433		-		x	x	x	
							0.00
Sheet no. 79 of 340 sheets attached to Schedule of	_			Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITOR'S NAME	С	Н	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C A H		CONTINGENT	NLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Don Schlaf 708 23rd Street Cody, WY 82414		-		×	T	X	
Account No.	╁	_	Possible medical negligence claim		-	<u> </u>	0.00
Donald Alexander 2201 Kerper Blvd N Cody, WY 82414		-		×	x	x	
	╀	L			L	L	0.00
Account No. Donald Barton PO Box 3371 Gillette, WY 82717		-	Possible medical negligence claim	×	×	X	0.00
Account No.	$^{+}$	+	Possible medical negligence claim		+	+	0.00
Donald Collingwood 3660 Lane 32 1/2 Greybull, WY 82426		-		×	×	X	
Account No.	+	+	Possible medical negligence claim		+	+	0.00
Donald Easton 120 S Douglas Powell, WY 82435		-		×	x	x	
							0.00
Sheet no. <u>80</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total c	Sub f this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

GD ED WODIG VALVE	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	DZLLQDLDAHUD	I S P U T E D	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim	'	Ė		
Donald Faxon PO Box 771 Powell, WY 82435		-		х	х	х	
							0.00
Account No.	4		Possible medical negligence claim				
Donald Finch 14 Washington St Billings, MT 59101		-		X	x	x	
							0.00
Account No.	1	T	Possible medical negligence claim	\dagger		T	
Donald Fox 8186 Eagle Drive Helena, MT 59602		-		x	x	x	
							0.00
Account No.	4		Possible medical negligence claim				
Donald Hartgrave 2 Neidringhaus Street Miles City, MT 59301		-		x	х	x	
Account No.	+	L	Possible medical negligence claim				0.00
Donald Jacobson 1212 Absaraka ST Sheridan, WY 82801-5427		-	. SSS.S. MSG.GG. Nagrigorioo oldiin	Х	x	x	
							0.00
Sheet no. <u>81</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Subt			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CREDITOR'S NAME,	C	Н	usband, Wife, Joint, or Community	С	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M		ONTINGENT	NLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Donald Messer 25 Mountain View Dr Cody, WY 82414		-		X	X	T	
Account No.		_	Possible medical negligence claim	+	_	_	0.00
Donald Sillerud PO Box 982 Tioga, ND 58852		-		X	X	×	0.00
Account No.	+	+	Possible medical negligence claim	+	+	+	0.00
Donald Wagner 1247 Hwy 20 S Worland, WY 82401		-		X	X	×	0.00
Account No.	$^{+}$	+	Possible medical negligence claim	+	t	t	0.00
Donna Blick PO Box 2751 Cody, WY 82414		-		X	X	×	
Account No.	+	+	Possible medical negligence claim	$\frac{1}{1}$	+	\vdash	0.00
Donna Daniels PO Box 116 Cody, WY 82414		-		×	X	x	
							0.00
Sheet no. <u>82</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	?	_	(Total of	Sub			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

ODEDITORIS MAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C N H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDATE	I S P U T E D	AMOUNT OF CLAIM
	1			L	Þ	┖	
Donna Davis 2492 2nd Street Worden, MT 59088		-		X	x	X	
							0.00
Account No.	İ	t	Possible medical negligence claim		T	T	
Donna Morgan 3360 Swamp Road Belgrade, MT 59714		-		x	x	x	
							0.00
Account No.		T	Possible medical negligence claim			T	
Donna Ohman 16371 Victoria Curve SE Prior Lake, MN 55372		-		X	x	×	:
							0.00
Account No.		T	Possible medical negligence claim		Γ	Γ	
Donna St Pierre 811 N 17th Street Apt 4 Billings, MT 59101		-		X	x	×	<u> </u>
Account No.		-	Possible medical negligence claim			-	0.00
	ĺ		. Societo modical negligorios cialin				
Dorene Amber 2119 Pueblo Drive Billings, MT 59102		-		Х	x	X	
							0.00
Sheet no. 83 of 340 sheets attached to Schedule of			1	Sub	l tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Тс	Тн	usband, Wife, Joint, or Community	С	Ιυ	ΙD	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	4	ı	Possible medical negligence claim		E		
Dorie Jas 616 S Custer Miles City, MT 59301		-			l	х	
Account No.	+	+	Possible medical negligence claim	-	_		0.00
Doris Dyvig 594 Avenue E Powell, WY 82435		-	. Sociale medical negligorioc didini	x	x	x	0.00
Account No.	+	+	Possible medical negligence claim	+	┞	\vdash	0.00
Doris House 876 Hacienda Road Powell, WY 82435		-	Todalsie medical negligenee cialin	x	x	x	0.00
Account No.	+	+	Possible medical negligence claim	+	\vdash	H	0.00
Doris Meidinger PO Box 50 Terry, MT 59349		-		X	x	x	0.00
Account No.	+	+	Possible medical negligence claim		\vdash		0.00
Doris Mullin 12753 County Road 324 Lambert, MT 59243		-		×	x	x	
							0.00
Sheet no. <u>84</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

<u></u>	Τc	Ι μ	sband, Wife, Joint, or Community	10	Lii	D	T
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	UNLLQULDA	SPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim	T	DATED		
Dorothy Balo 713 North 3rd St Greybull, WY 82426		-		X	Х	х	
Account No.		_	Possible medical negligence claim				0.00
Dorothy Becker 1009 Old Hwy 10 West Laurel, MT 59044		-	rossible medical negligence ciaim	x	X	x	
							0.00
Account No.		T	Possible medical negligence claim	\dagger	Г	Г	
Dorothy Ford 385 West Daffodil Dr Billings, MT 59102		-		X	x	x	
Account No.	+	┞	Possible medical negligence claim				0.00
Dorothy Kilpatrick 1835 Golden Blvd Billings, MT 59102		-		X	x	x	
Account No.	+	-	Possible medical negligence claim				0.00
Dorothy Mccollum 444 E 8th Street Powell, WY 82435		-		x	х	x	
							0.00
Sheet no. <u>85</u> of <u>340</u> sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

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CREDITOR'S NAME,	CODEBTOR	ı	sband, Wife, Joint, or Community	— j		1	D I	
MAILING ADDRESS	ΙĒ	Н	DATE CLAIM WAS INCURRED AND	I N	L	۱	S P U T E D	
INCLUDING ZIP CODE, AND ACCOUNT NUMBER	В	W	CONSIDERATION FOR CLAIM. IF CLAIM	I	. [:	۱۲	Ų	AMOUNT OF CLAIM
(See instructions above.)	ò	c	IS SUBJECT TO SETOFF, SO STATE.	Ġ	; i	Ί	Ė	AMOUNT OF CLAIM
, , , , , , , , , , , , , , , , , , ,	R	Ĺ		E			D	
Account No.			Possible medical negligence claim					
				_	+	+	\dashv	
Dorothy Metz					$\langle \rangle$			
1400 Poly Drive Apt 10 CD		-		- [1	Ί′	`	^	
Billings, MT 59102						1		
						1		0.00
Account No.	┝	┢	Possible medical negligence claim	+	+	+	-	
recount 10.			T ossible medical negligenee slaim			1		
Dorothy Munson						1		
5516 Derringer Dr		-		>	()	ĸĮ.	Х	
Gillette, WY 82718						1		
						1		
								0.00
Account No.	Г	T	Possible medical negligence claim		Ť	†	┪	
	1					1		
Dorothy Ostwalt						1		
812 Wold Road		-)	$\langle \rangle$	<	ΧĮ	
Laurel, MT 59044						1		
						1		
						1		0.00
Account No.	Γ		Possible medical negligence claim		T	1		
						1		
Dorothy Schneider					()			
5926 Sam Snead Trail		-		- [′	Ί′	`	^	
Billings, MT 59106						1		
						1		0.00
								0.00
Account No.			Possible medical negligence claim			T		
Devethor Treil								
Dorothy Trail	Ī	L			J,	١	γl	
11012 Peacefull Plateau Tr.	Ī	آ		- [`	^	
Shepherd, MT 59079	Ī							
	Ī							2.55
	L							0.00
Sheet no. 86 of 340 sheets attached to Schedule of				Sul	oto	tal	٦	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total	of this	pa	ıge	9	0.00
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In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H W	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Dorthy Ley 108 N. Earling Ave Miles City, MT 59301		-			X	T	0.00
Account No.	╁	$\frac{1}{1}$	Possible medical negligence claim		<u> </u>	l	0.00
Doug Hellinger 860 Dobyns Road Shelby, MT 59474		-		x	x	x	
					L		0.00
Account No. Doug Wilson PO Box 34 Colstrip, MT 59323		-	Possible medical negligence claim	х	X	×	0.00
Account No.	╁	$\frac{1}{1}$	Possible medical negligence claim		t	t	
Douglas Hunter 1867 South Fork Road Cody, WY 82414		-		X	X	×	0.00
Account No.		+	Possible medical negligence claim		\vdash	+	0.00
Douglas Newton PO Box 83 Butte, MT 59703		-		x	X	x	
Sharara 07 of 240 days at 114 St. 114					<u></u>	<u>L</u>	0.00
Sheet no. <u>87</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Account No.	-		Possible medical negligence claim	'	Ė		
Douglas Youngerman 316 2nd Avenue North Greybull, WY 82426		-		х	х	х	
	_						0.00
Account No.	-		Possible medical negligence claim				
Doyle Braten 548 Road 3LE Meeteetse, WY 82433		-		X	x	x	
							0.00
Account No.	T	T	Possible medical negligence claim	\dagger	\vdash	H	
Duane Lapp 303 Lapp Road Terry, MT 59349		-		x	х	x	
							0.00
Account No.	-		Possible medical negligence claim				
Duane Maier 903 Pleasant Miles City, MT 59301		-		x	х	x	
Account No.	╀	\vdash	Possible medical negligence claim				0.00
Duce Barlow 91 Barlow Rd Gillette, WY 82718		-		x	х	x	
							0.00
Sheet no. <u>88</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Subt			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ė		
Duffy Lahey 3415 4th Ave South Billings, MT 59101		-			l	х	
Account No.	4	\downarrow	Possible medical negligence claim	+	L	L	0.00
Dwayne Greenig 11 Olson Lane Joliet, MT 59041		-	Tossible medical negligence claim	X	x	x	
Account No.	4	\downarrow	Describle and the land of the	\bot	L	_	0.00
Dyfrig Lange PO Box 245 Lovell, WY 82431		-	Possible medical negligence claim	x	x	x	0.00
Account No.	+	+	Possible medical negligence claim	\dagger	H	H	
Dylan Conley 114 Palmer St Miles City, MT 59301		-		X	x	x	0.00
Account No.	╅	+	Possible medical negligence claim	-	H		0.00
Eadie Bowen 525 West Works Street Sheridan, WY 82801		-		X	x	x	
							0.00
Sheet no. <u>89</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	O Z L I Q U I D A T E D	DISPUTED	AMOUNT OF CLAIM
Ean Sewell 1302 The Alameda San Jose, CA 95126		-			X	T	0.00
Account No.	+		Possible medical negligence claim				0.00
Early Dewitt 31 Oak Dr Cody, WY 82414		-		X	x	×	
							0.00
Account No. Earnest Cornett PO Box 986 Forsyth, MT 59327		_	Possible medical negligence claim	X	X	x	0.00
Account No.		t	Possible medical negligence claim		H		
Ed Christensen 1108 14th St 445 Cody, WY 82414		-		X	X	X	0.00
Account No.	1	\dagger	Possible medical negligence claim		H		0.00
Edith Dibble 1202 O Malley Dr Billings, MT 59102		-		x	X	x	
Sheet no. 90 of 340 sheets attached to Schedule of	f			Sub	tota	<u>L</u>	0.00
Creditors Holding Unsecured Nonpriority Claims	'1		(Total o				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	L C	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Edith Rollings PO Box 942 Thermopolis, WY 82443		-			X	T	0.00
Account No. Edmond Orser 3304 Rimrock Rd		-	Possible medical negligence claim	x	X	X	
Billings, MT 59102							0.00
Account No. Edna Carter 529 Mountain View Powell, WY 82435		-	Possible medical negligence claim	X	X	x	0.00
Account No. Edna Hedges 3131 Solar Blvd Billings, MT 59102		-	Possible medical negligence claim	X	X	x	0.00
Account No. Edward and Lavonne Rook 168 Old Divide Road Roundup, MT 59072		-	Possible medical negligence claim	X	X	x	0.00
Sheet no. <u>91</u> of <u>340</u> sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f		(Total o	Sub f this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H H	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	ΙQ	DISPUTED	AMOUNT OF CLAIM
Edward McDonald 1029 Arlington SW Billings, MT 59101		-		X	X	T	0.00
Account No.	1	H	Possible medical negligence claim		l	-	0.00
Edward Roby PO Box 877753 Wasilla, AK 99687		-		X	x	x	
							0.00
Account No. Edward Strand PO Box 2264 Colstrip, MT 59323		-	Possible medical negligence claim	х	X	×	0.00
Account No.	1	t	Possible medical negligence claim		t		
Elaine Lechner 3840 Rimrock Road Billings, MT 59102		-		X	X	x	0.00
Account No.		t	Possible medical negligence claim		\vdash	+	0.00
Elaine Sabatino 902 3rd Street East Apt B4 Roundup, MT 59072		-		x	X	x	
					L	Ļ	0.00
Sheet no. <u>92</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	I.c.	Luc	sband, Wife, Joint, or Community	10	111	D	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim	T	E		
Elbert Loomis 226 5th Ave Sw Cut Bank, MT 59427		-		x	Х	х	
Account No.	1	L	Possible medical negligence claim				0.00
Elizabeth Campen 3130 Reimers Park Dr Billings, MT 59102		-	Possible medical negligence claim	x	x	x	0.00
Account No.	✝	H	Possible medical negligence claim	+	\vdash	\vdash	
Elizabeth Johnson 60 Road 8Ve Powell, WY 82435		-		X	x	x	0.00
Account No.	╁	╁	Possible medical negligence claim	+			0.00
Elizabeth Jolley 135 Washakie Ave Lovell, WY 82431		-		X	x	x	
Account No.	╁	_	Possible medical negligence claim				0.00
Elizabeth Lanning 3204 Harder Dr Gillette, WY 82718		-		X	x	x	
							0.00
Sheet no. <u>93</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	•		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	Ic	Тн	isband, Wife, Joint, or Community	С	Ιυ	П	Ī
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C H W	DATE CLAIM WAS INCUIDED AND	ONTINGENT	NLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.		l	1 ossible medical negligence claim		D		
Elizabeth Severson 2533 Clark Ave Billings, MT 59102		-			1	x	
							0.00
Account No.			Possible medical negligence claim				
Elizabeth Wright 13 Scenic View Drive Cody, WY 82414		-		x	x	x	
							0.00
Account No.		t	Possible medical negligence claim		t	T	
Ella Hanson 1308 Yellowstone River Rd Billings, MT 59105		-		x	x	X	
							0.00
Account No.		T	Possible medical negligence claim		T		
Ellen Hart 2514 Sudlow Miles City, MT 59301		-		x	x	X	
Account No.	_	-	Possible medical negligence claim		_		0.00
			. eee.s.eeaear negligenee diami				
Elmer Estill PO BOX 30351 Billings, MT 59101		-		x	x	x	
							0.00
Sheet no. 94 of 340 sheets attached to Schedul	e of		I.	Sub	tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	H W		CONTINGENT	l Q	DISPUTED	AMOUNT OF CLAIM
Elmer Fjell JR 102 Commercial St Birney, MT 59012		-		X	Х	T	
Account No.		_	Possible medical negligence claim				0.00
Emmanuel Abiriyi 1333 Monument Drive Cody, WY 82414		-		X	x	x	0.00
Account No.	┞	\vdash	Possible medical negligence claim		╁	\vdash	0.00
Enid Harp 890 Hwy 20 Basin, WY 82410		_		x	x	x	0.00
Account No.	┝	\vdash	Possible medical negligence claim		\vdash		
Eric Adams 03 Wagensen Road Gillette, WY 82718		-		x	x	x	0.00
Account No.		H	Possible medical negligence claim				0.00
Eric Fallang 586 Stillwater River Rd Absarokee, MT 59001		-		X	x	x	
Sheet no. <u>95</u> of <u>340</u> sheets attached to Schedule of				CI-	tot		0.00
Creditors Holding Unsecured Nonpriority Claims			(Total c	Sub f this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLXGENT	UNLIGUIDA			AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	T	I E			
Eric Mainard 603 Beech Avenue Shelby, MT 59474		-		×	(x	Ť	٦	0.00
Account No.	┢	H	Possible medical negligence claim		+	t	\dagger	
Erin Staley 1648 Clark Avenue Billings, MT 59102		-		×	(x		×	0.00
Account No.	\vdash	┝	Possible medical negligence claim	+	+	+	$^{+}$	
Erle King 2636 Big Horn Ave Cody, WY 82414		-		×	X		×	0.00
Account No.	H	H	Possible medical negligence claim	+	+	+	\dagger	
Ernest Sprague PO Box 552 Colstrip, MT 59323		-		×	(×		×	0.00
Account No.	\vdash	\vdash	Possible medical negligence claim		+	+	\dagger	
Erwin Entzel PO Box 306 Three Forks, MT 59752		-		×	(×		×	0.00
Sheet no. <u>96</u> of <u>340</u> sheets attached to Schedule of	_	_	<u> </u>	Sub	tof	 al	\dagger	
Creditors Holding Unsecured Nonpriority Claims			(Total)	0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.		l	Medical malpractice claim	'	Ė		
Estate of Russell Monaco C/o Jon M. Moyers 490 N. 31 St., Suite 101 Billings, MT 59101		-		×	X	T	
Account No.		T	Possible medical negligence claim		t	t	
Ethan Smith Talbott 699 S Fork Road Cody, WY 82414-8858		-		×	X	X	0.00
Account No.	H	H	Possible medical negligence claim		+	+	
Ethel Hancock PO Box 435 Basin, WY 82410		-		×	×	X	0.00
Account No.	┢	H	Possible medical negligence claim	+	t	t	
Eugene Koch PO Box 227 Bridger, MT 59014		_		×	×	x	0.00
Account No.	\vdash	\vdash	Possible medical negligence claim	\dashv	+	+	
Eugene Reber 1001 Aspen Drive Cody, WY 82414		_		×	×	X	0.00
Sheet no. <u>97</u> of <u>340</u> sheets attached to Schedule of		_	1	Sub	tot	al	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total	of this	pa	ge)	0.00

In re	John Henry Schneider		Case No	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H W	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	N L I Q	DISPUTED	AMOUNT OF CLAIM
Eulalia Ellinghouse 2015 South 56th Street West Billings, MT 59106		-		X	X	T	0.00
Account No. Eva Lee Hoffman 2627 Hwy 16E Ten Sleep, WY 82442		-	Possible medical negligence claim	X	x	×	
Account No. Eve Petekavich 429 1/2 South Gilbert St Powell, WY 82435		-	Possible medical negligence claim	X	x	×	
Account No. Evelyn Wambeke 20 Lane 9 Deaver, WY 82421		-	Possible medical negligence claim	X	X	×	
Account No. Evelyn Wittick 711 Nevada Ave Lovell, WY 82431		-	Possible medical negligence claim	X	×	×	0.00
Sheet no. <u>98</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	<u>.</u>		(Total of	Sub f this			0.00

In re	John Henry Schneider			Case No.	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
Treeount 10.	1		Toolisia maalaa magiiganaa alaiin		D	L	
Faith Jones 476 N Douglas St Powell, WY 82435		-			x	1	
		l					0.00
Account No.		Ī	Possible medical negligence claim				
Florence Lieberman 321 Rd 10 Powell, WY 82435		-		x	x	×	:
		l					0.00
Account No.		T	Possible medical negligence claim	T	T	T	
Floyd Bales 2001 11th Street Cody, WY 82414		-		x	x	x	
							0.00
Account No.		Γ	Possible medical negligence claim		Γ	Τ	
Floyd Dowlin 1113 W Armells Road Forsyth, MT 59327-9469		-		×	x	×	
Account No.	-	_	Possible medical negligence claim	-		ļ	0.00
Floyd Mclean 8 Shoshone River Dr Cody, WY 82414		-		x	x	×	
							0.00
Sheet no. 99 of 340 sheets attached to Schedule of	_			Sub	tota	ıl	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C H	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	O Z L I Q U I D A T E D	DISPUTED	AMOUNT OF CLAIM
Floyd Moore 431 A Street No 6 Cody, WY 82414		-			X	T	0.00
Account No. Frances Anderson			Possible medical negligence claim				
Box 805 Colstrip, MT 59323		-		X	X	X	0.00
Account No. Frances Flores 365 N Cheyenne St Powell, WY 82435		-	Possible medical negligence claim	X	X	x	0.00
Account No. Frank Ehrenford 39 Rolling Hills Drive Cody, WY 82414		-	Possible medical negligence claim	X	X	X	
Account No. Frank Fagan 2198 Lane 10 Powell, WY 82435		-	Possible medical negligence claim	X	X	x	
Sheet no100_ of _340_ sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f	_	(Total o	Sub f this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H W	DATE CLAIM WAS INCURRED AND	ONTINGEN	L Q	I S P U T E D	AMOUNT OF CLAIM
Account No.				Т	E		
Frank Schmidt Big Horn Basin Bone and Joint Clinic 720 Lindsay Ln Suite C Cody, WY 82414		_					0.00
Account No.			Possible medical negligence claim				
Frankie and George Manion 559 Lane 9 Powell, WY 82435		-		x	x	x	
	L	L			L		0.00
Account No.	l		Notice only - attorney for several creditors				
Fred Paoli, Jr. 116 West Callender St. Livingston, MT 59047		_					
Account No.	┞	\vdash	Possible medical negligence claim		\vdash	\vdash	0.00
Frederick Craner PO Box 726 Columbus, MT 59019		-		X	x	X	0.00
Account No.	┢	\vdash	Possible medical negligence claim		\vdash		0.00
Fredrick Mills 2011 Mary Hughes Dr. Houma, LA 70363		-		x	x	x	
							0.00
Sheet no101_ of _340_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		•	(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITODIC NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	L	DISPUTED	AMOUNT OF CLAIM
Gail Geier 1117 Cactus Court Hardin, MT 59034		-		×	X	T	
Account No.			Possible medical negligence claim	-	-	<u> </u>	0.00
Gail Holmes 5245 Crestview Rd Billings, MT 59101		-		X	X	×	0.00
Account No.	┞	ł	Possible medical negligence claim	+	+	+	0.00
Gail Lewis PO Box 352 Meeteetse, WY 82433		-		x	X	×	0.00
Account No.		t	Possible medical negligence claim		+	t	
Gail Phillipps 294 Adon Rd Rozet, WY 82727		-		X	X	X	0.00
Account No.			Possible medical negligence claim		+		0.00
Gail Terry 2210 Peake Ave Cody, WY 82414		-		×	X	X	
							0.00
Sheet no. <u>102</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Τc	TE	lusband, Wife, Joint, or Community	С	Ιυ	ΤD	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NL I QU I DAT	D I S P UT E D	AMOUNT OF CLAIM
Account No.	4	ı	Possible medical negligence claim		Ė		
Galen Stingley 645 N Day Street Powell, WY 82435		-			ı	X	(
Associat No.	4	+	Describle medical negligence claim		L	L	0.00
Account No.	\dashv		Possible medical negligence claim				
Garilyn Reed 724 5th Street W Apt 14 Hardin, MT 59034		-		X	x	x X	
							0.00
Account No.		Ť	Possible medical negligence claim		T	T	
Gary Bertsch 1100 Wilson Dr Worland, WY 82401		-		x	x	x	
							0.00
Account No.		T	Possible medical negligence claim			T	
Gary Griffin 645 Sweetwater Lander, WY 82520		-		X	X	X	:
Account No.	4	+	Possible medical negligence claim		L		0.00
Account 140.	\dashv		Possible medical negligence claim				
Gary Hansen 1013 Red Butte Ave Cody, WY 82414		-		x	X	×	
							0.00
Sheet no. 103 of 340 sheets attached to Schedule	of			Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	10	I	should Wife thirt as Community	10		D	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.	_		Possible medical negligence claim	T	E		
Gary Haughian PO Box 297 Miles City, MT 59301		-		X	Г	х	
							0.00
Account No.			Possible medical negligence claim				
Gary Lapp 1633 W Old Hwy 10 Terry, MT 59349		-		x	x	×	
							0.00
Account No.	╅	T	Possible medical negligence claim	†		t	
Gary McSweyn 146 Minecha Ave Huntley, MT 59037		-		X	x	x	
		L				L	0.00
Account No.			Possible medical negligence claim				
Gary Wall 341 A Street Unit 18 Cody, WY 82414		-		х	x	×	
							0.00
Account No.	4		Possible medical negligence claim				
Gary Wellong 2109 Pioneer Ave Apt C8 Cody, WY 82414		-		x	x	×	
							0.00
Sheet no. <u>104</u> of <u>340</u> sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f	<u>' </u>	(Total of	Sub			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
11000001110.	1		The decision meaned magniferness diamin		D	L	
Gene Harris 11820 10th St NW Killdeer, ND 58640		-			x	ı	
							0.00
Account No.		T	Possible medical negligence claim				
Gene Kelly 1926 Public St Cody, WY 82414		-		x	x	x	
							0.00
Account No.	T	t	Possible medical negligence claim	T	T	T	
Gene Meek 435 Mineral Street Shelby, MT 59474		-		×	x	x	
							0.00
Account No.		Γ	Possible medical negligence claim		Γ		
Georganna Takacs 469 E 8th Street Powell, WY 82435		-		x	x	x	
Account No.		L	Possible medical negligence claim				0.00
George Curtis 245 First W Parkway Sheridan, WY 82801		-	Todalod modical negligence ciaim	×	x	x	
							0.00
Sheet no105_ of _340_ sheets attached to Schedule of	_	L	1	Sub	tots	1	3.50
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
Account No.	ł	l	1 ossible medical negligence dalim		E	l	
George Klier 101 Robinson Rd Scobey, MT 59263		-			x	l	
							0.00
Account No.			Possible medical negligence claim				
George Luther 84 Sprandel Lane Miles City, MT 59301		-		X	x	×	:
		l					0.00
Account No.	T	T	Possible medical negligence claim		T	T	
George Marcenko 67 Prairie View Dr Billings, MT 59102		-		x	x	×	
		l					0.00
Account No.		Γ	Possible medical negligence claim		Γ	Γ	
George Sant 1945 Cook Billings, MT 59102		-		x	x	×	<u> </u>
Account No.		_	Possible medical negligence claim		L	L	0.00
Treesum 110.	\mathbf{I}		1. Sociolo modical negligence ciaim				
George Smith 2780 North Fork Hwy Wapiti, WY 82450		-		X	x	×	
							0.00
Sheet no106_ of _340_ sheets attached to Schedule of	_		1	Sub	L tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H H	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLLQULDAF	DISPUTED	AMOUNT OF CLAIM
Account No.		l	Possible medical negligence claim	'	Ę		
Gerald Langbehn 315 South 9th Thermopolis, WY 82443		-		×	X	T	1
Account No.	┢	H	Possible medical negligence claim		╁	+	
Gerald Molaskey 725 N 4th Street Greybull, WY 82426		-		×	X	x	0.00
Account No.	┢	t	Possible medical negligence claim		t	t	
Gerald Wall 311 Rhubarb Lane Billings, MT 59106		-		X	x	×	0.00
Account No.	┢	t	Possible medical negligence claim		+	+	
Gerry Jones 3931 Bushwood Dr Billings, MT 59106		-		×	X	X	0.00
Account No.	┢	H	Possible medical negligence claim	+	+	+	
Gertrude Z Anderson 1314 32nd St Cody, WY 82414		_		×	X	X	0.00
Sheet no107 of _340 sheets attached to Schedule of	<u></u>	L		Sub	tot	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total o				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	_	T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			. T	_	
CREDITOR'S NAME,	CODEBTOR	Hu	sband, Wife, Joint, or Community	— G		1	D I	
MAILING ADDRESS	P	Н	DATE CLAIM WAS INCURRED AND	N	! <u> </u>	۱.	S P U T E D	
INCLUDING ZIP CODE,	В	W	CONSIDERATION FOR CLAIM. IF CLAIM	- Li	Ċ	۱ ډ	U	
AND ACCOUNT NUMBER	IΤ	J	IS SUBJECT TO SETOFF, SO STATE.	N	ווי	1	T F	AMOUNT OF CLAIM
(See instructions above.)	Ř	С	15 5050201 10 521011,50 511112.	Ë			Ď	
Account No.	T		Possible medical negligence claim	Ť			İ	
Cills out I la mis				-	╀	+	\dashv	
Gilbert Harris				- I.	$\langle \rangle$,		
PO Box 77		-		- [/	Ή′	1	^	
Wapiti, WY 82450					ı	1		
								0.00
Account No.			Possible medical negligence claim		\dagger	\dagger		
	1							
Ginger Lynch					Т	1		
1301 Industrial Ave No 76		-		>	$\langle \rangle$	K	ΧĮ	
Billings, MT 59101					ı	1		
					ı	1		
								0.00
Account No.		Γ	Possible medical negligence claim		T	T	T	
	1				ı	1		
Ginny Bare					Т	1		
417 Adkins Place		-		\	$\langle \rangle$	<	Х	
Sheridan, WY 82801					Т	1		
					ı	1		
					ı	1		0.00
A	┡	┡	Describle and disclose of the control of the	+	+	+	4	0.00
Account No.	l		Possible medical negligence claim		ı	1		
Ciunonno Vozzo					ı	1		
Giuseppe Vozza		L		١	d>	7	$_{v} $	
1308 Alpine Ave		ľ		- [′	`[′	`	^	
Cody, WY 82414					ı	1		
					ı	1		
					ı	1		0.00
Account No.		Γ	Possible medical negligence claim		T	T		
Glen Anderson		1			٦,		ŢΙ	
PO Box 1271	l	1-		- ['	(P	`	^	
Forsyth, MT 59327		1						
								0.00
Sheet no108_ of _340_ sheets attached to Schedule of		_		Sul	otot	al		_
Creditors Holding Unsecured Nonpriority Claims			(Total o				$_{c}$	0.00
Creations Trotaing Onsecured Promptiontry Claims			(Total C	, uii	Pa	.50	′	

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITODIC NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	L	DISPUTED	AMOUNT OF CLAIM
Glen Clinton 254 Lower South Fork Road Cody, WY 82414		-		×	T	X	
Account No.		L	Possible medical negligence claim		_		0.00
Glen Cunningham PO Box 416 Forsyth, MT 59327		-	T Gooleie medical negligenee dami	x	X	X	0.00
Account No.	╁	+	Possible medical negligence claim	+	+	+	0.00
Glen Hergenrider 3129 Myrtle Drive Billings, MT 59102		-		X	X	X	0.00
Account No.	┢	t	Possible medical negligence claim		+	\perp	0.00
Glenda Barbula PO Box 2274 Winnett, MT 59087		-		X	x	X	0.00
Account No.	┢		Possible medical negligence claim		+	\vdash	0.00
Glenda Perkins 3677 Rich Man Road Belgrade, MT 59714		-		x	X	X	
							0.00
Sheet no. <u>109</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	Ic	1.	Husband, Wife, Joint, or Community	С	_		D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	F V J	DATE CLAIM WAS INCURR CONSIDERATION FOR CLAIM.	ED AND IF CLAIM STATE. O N N T T STATE.		ONLIQUIDATE		AMOUNT OF CLAIM
Glendon Flowers 2016 Peake Avenue Cody, WY 82414		-			Ť	┪	X	0.00
Account No. Glendon Jeffs	+		Possible medical negligence claim		1			0.00
1287 Jeffs Road Thermopolis, WY 82443		-		×		X	X	0.00
Account No. Glenes Shultz PO Box 221 Powell, WY 82435		-	Possible medical negligence claim	×	().	×	X	
Account No.	1		Possible medical negligence claim		1			0.00
Glenn Teachout 1710 Wirt Rd Oakland, TN 38060		-		×		x	X	0.00
Account No.			Possible medical negligence claim		\dagger			
Gloria Spain 2313 Madison Ave Cody, WY 82414		-		x		x	X	
Sheet no110 of _340 sheets attached to Schedule of				Sub		ta ¹		0.00
Creditors Holding Unsecured Nonpriority Claims	,1			(Total of this				0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CDEDITORIS MANE	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
Tiecount 110.	1	l	Toolisia maalaa magiiganaa alaiin		D		
Greg Kolberg 1664 FAS 254 Glendive, MT 59330		-			x	ı	
							0.00
Account No.	1		Possible medical negligence claim				
Gregory Fox PO Box 789 Roundup, MT 59072		-		X	x	x	
							0.00
Account No.		T	Possible medical negligence claim	T	T	T	
Gregory Hoglund 422 22nd Street East Williston, ND 58801		-		×	x	x	
						L	0.00
Account No.	1		Possible medical negligence claim				
Gregory Holt 1228 Broadwater Billings, MT 59104		-		x	x	x	
Account No.	╀		Possible medical negligence claim	_		L	0.00
Account NO.	1		1 033ibie medicai negligence ciaim				
Gregory Johnston 3547 Owl Creek Thermopolis, WY 82443		-		x	x	x	
							0.00
Sheet no111_ of _340_ sheets attached to Schedule of		L	I	Sub	tota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	COZH_ZGEZH	UZLLQULDATED	I S P U T E D	AMOUNT OF CLAIM
Account No.	ł	l	1 ossible medical negligence claim		E D		
Gregory Nelson PO Box 1042 Laurel, MT 59044		-		Х	х	×	
							0.00
Account No.			Possible medical negligence claim				
Gusta Davison PO Box 516 Columbus, MT 59019		-		X	x	×	<u> </u>
							0.00
Account No.	Γ	T	Possible medical negligence claim		Γ	T	
Gwenda Urbigkit PO Box 1368 Thermopolis, WY 82443		-		x	X	×	(
							0.00
Account No.			Possible medical negligence claim				
Gwynn Marshall 828 Lane 11 1/2 Powell, WY 82435		-		X	x	×	<u> </u>
Account No.		L	Possible medical pogligance claim			-	0.00
Account No.	$\left\{ \right.$		Possible medical negligence claim				
Haley Mills 2404 Valley Dr East 3 Miles City, MT 59301		-		X	x	×	
							0.00
Sheet no112 of _340 sheets attached to Schedule of			1	Sub	tota	L il	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGEN	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.	-		Possible indemnity or contribution claim	T	T E D		
Harley Morrell PO Box 1073 Guntersville, AL 35976		-			X	Γ	
							Unknown
Account No.	ł		Possible medical negligence claim				
Harold Hanson PO Box 455 Ashland, MT 59003		-		X	x	×	x
							0.00
Account No.	T	t	Possible medical negligence claim		T	t	
Harry Deveraux PO Box 750 Basin, WY 82410		-		x	x	×	x
							0.00
Account No.		t	Possible medical negligence claim		t	t	
Harry Knopp 665 Ave C Powell, WY 82435		-		x	x	×	×
							0.00
Account No.			Possible medical negligence claim				
Harvey Fladland 1442 Blackfoot Street Billings, MT 59105		-		x	x	×	×
							0.00
Sheet no113_ of340_ sheets attached to Schedule of		_	<u> </u>	Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge))

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	10	1		-10	1	15	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	H W J		CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Harvey Ostermiller 302 Quiet Water Ave Billings, MT 59105		-			X	1	0.00
Account No.	╁	<u> </u>	Possible medical negligence claim			<u> </u>	0.00
Harvey Walter 250 Howard Valley Rd Forsyth, MT 59327		-		X	x	x	
							0.00
Account No. Hayley Rogers 268 27 1/2 Rd Grand Junction, CO 81503-2079		-	Possible medical negligence claim	×	X	X	0.00
Account No.	t	t	Possible medical negligence claim		T		
Hazel Kanzler 1050 Road 8 1/2 Powell, WY 82435		-		x	x	x	
Account No.	╁	\vdash	Possible medical negligence claim		+	+	0.00
Hazel Shumaker 1009 North 3rd Miles City, MT 59301		-		×	x	x	
	L					Ļ	0.00
Sheet no. <u>114</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total	Sub of this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS MAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	COZHLZGEZH	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Account No.	ł	l	Possible medical negligence cialin		E		
Heather Farmstead 17353 Elsinore Rd Bend, OR 97707-2020		-		х	x	×	
		L			L	L	0.00
Account No.	1		Possible medical negligence claim				
Heather Lang 348 Bicentennial Court Powell, WY 82435		-		х	x	×	(
							0.00
Account No.	Ī	T	Possible medical negligence claim	T	T	T	
Heidi Goodpaster 3325 Evening Star Road Billings, MT 59106		-		X	x	×	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Heidi Nannemann PO Box 4298 Gillette, WY 82717		-		x	x	×	(
Account No.			Possible medical negligence claim	_	L	_	0.00
Account NO.	ł		Tossible medical negligence cialin				
Heidi Sharpe 724 W Boulevard Lewistown, MT 59457		-		X	x	×	
							0.00
Sheet no115_ of _340_ sheets attached to Schedule of	1_	_	1	Sub	L tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	_
_		Debtor			

	С	Ни	sband, Wife, Joint, or Community	С	Ιυ	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim	ONTINGENT	ΙĖ	I S P U T E D	AMOUNT OF CLAIM
Helen Hert 22 Rhea Lane Billings, MT 59102		-		×	D X	х	
Account No.			Possible medical negligence claim				0.00
Helen Holzer 207 N Cherry Street Anaconda, MT 59711		-		X	X	X	
Account No.	L		Possible medical negligence claim		_	L	0.00
Helen Stringham 2001 Shoshone Trail S Cody, WY 82414		_	r ossible medical negligence cialin	×	x	x	0.00
Account No.	H		Medical malpractice claim		$\frac{1}{1}$	\vdash	0.00
Henry and JoAnn Knopp 665 Ave C Powell, WY 82435		-		×	x	x	
Account No.	┢		Possible medical negligence claim		<u> </u>	<u> </u>	Unknown
Henry Bauer 497 Rock Creek Road Buffalo, WY 82834		_		×	x	x	0.00
Sheet no. <u>116</u> of <u>340</u> sheets attached to Schedule of				Sub	tota	<u> </u> ւl	
Creditors Holding Unsecured Nonpriority Claims			(Total	of this	pag	ge)	0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Ιc	Tı	usband, Wife, Joint, or Community	C	Τu	Тр	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H V	DATE CLAIM WAS I CONSIDERATION FOR O IS SUBJECT TO SET	NCURRED AND CLAIM. IF CLAIM OFF, SO STATE.	NLIGUIDAT	D I S P U T E D	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence	claim	Ė		
Herbert Potts I2610 Gooch Hill Rd Gallatin Gateway, MT 59730		-			l	×	
Account No.	+	$\frac{1}{1}$	Possible medical negligence	claim	+	+	0.00
Holger Jensen 11069 Stella Blue Dr. Lolo, MT 59847		-		x	\ \ 	(×	
					L		0.00
Account No. Holly Hill 519 Sharron Lane Billings, MT 59105		-	Possible medical negligence		\ 	(x	(
							0.00
Account No.		T	Possible medical negligence	claim	T	T	
Howard Ruppel 102 North Merriam Miles City, MT 59301		-		x	\ 	(×	S.
Account No.	+	+	Possible medical negligence	claim	_	$\frac{1}{1}$	0.00
HPSA PO Box 1330 Powell, WY 82435		-			\ 	(×	
							0.00
Sheet no. <u>117</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		1	Sub (Total of this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	I c	Ты	isband, Wife, Joint, or Community	С	Lu	Ь	I
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H W	DATE CLAIM WAS INCUIDED AND	ONTINGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Trecount Ivo.			Todalia mada nagiiganaa daim		D		
Ida Bailey 1701 Salsbury Ave Cody, WY 82414		-			1	X	
							0.00
Account No.			Possible medical negligence claim				
Ida Brooks 2314 Pioneer Ave Cody, WY 82414		-		x	x	X	
							0.00
Account No.	\dashv	T	Possible medical negligence claim	T	T	T	
Ida Watkins 613 South 22nd St West Billings, MT 59102		-		x	x	X	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Imajean Trammel 514 Ave E Powell, WY 82435		-		x	x	X	
A (N			Describle and discharged in a self-record relative				0.00
Account No.	_		Possible medical negligence claim				
Imojean Murray 4159 Road 1031 Froid, MT 59226		-		x	x	x	
							0.00
Sheet no. <u>118</u> of <u>340</u> sheets attached to Schedul	le of		I.	Sub	tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	_	_		_			
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UZLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Ingeburg Wurzler 19 Brown Mountain Road Cody, WY 82414		-			x	T	0.00
Account No. Integra Phone Systems 206 N 29th Street Billings, MT 59101		-	OMNI Phone lines				14,244.00
Account No. Irbi Nelson PO Box 125 Shell, WY 82441		-	Possible medical negligence claim		×	x	0.00
Account No. Iris Scheitlin 31 N Woodard Absarokee, MT 59001		-	Possible medical negligence claim	X	×	×	0.00
Account No. Jace Haley PO Box 641 Ashland, MT 59003		-	Possible medical negligence claim	x	x	x	0.00
Sheet no. <u>119</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			14,244.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CD DD WOOD IS AN AME	С	Тн	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	N L L Q U L D A T L	I S P U T E D	AMOUNT OF CLAIM
	1	l			Б	L	
Jack Drew 121 Carrol Trail Lewistown, MT 59457		-		x	X	×	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Jack Olds 3620 Terra Vista Helena, MT 59602		-		x	x	×	
							0.00
Account No.	T	T	Possible medical negligence claim		T	T	
Jackie Fuchs PO Box 164 Billings, MT 59103		-		X	X	×	
							0.00
Account No.		Γ	Possible medical negligence claim			Γ	
Jackie Platt 202 33rd St Cody, WY 82414		-		x	x	×	<u> </u>
Account No.	_		Possible medical negligence claim		L		0.00
Account 140.	1		1 033ible medical negligence cialin				
Jackie Sideris 3819 Sandpiper Lane Billings, MT 59102		-		x	×	×	
							0.00
Sheet no120_ of _340_ sheets attached to Schedule of	_		1	Sub	L tota	L il	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	10	1	L LWC Live O	10	l	_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H H	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	UNLIQUIDATED	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	Т	E		
Jacklin Loman PO Box 571 Lovell, WY 82431		-		X	Х	х	
							0.00
Account No.	1		Possible medical negligence claim				
Jacob Klaus 1319 St Tropez Cir Apt 1203 Fort Lauderdale, FL 33326		-		х	Х	X	
							0.00
Account No.	t	T	Possible medical negligence claim	\dagger	H	H	
Jacob Link 941 North 5th Greybull, WY 82426		-		X	x	x	
							0.00
Account No.			Possible medical negligence claim				
Jacob Vogel 2229 Ave B Billings, MT 59102		-		x	x	x	
							0.00
Account No.	4		Possible medical negligence claim				
Jacqueline Taylor 130 S River RD Bridger, MT 59014-9515		-		x	X	X	
							0.00
Sheet no. <u>121</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		_	(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDATE	I S P U T E D	AMOUNT OF CLAIM
	1				D	L	
Jacqueline Whittle PO Box 1152 Cooke City, MT 59020		-		X	x	×	
		l					0.00
Account No.	T	T	Possible medical negligence claim		T	T	
Jae Notti 416 Otter Decker Road Otter, MT 59062		-		X	x	x	
		l					0.00
Account No.	Τ	T	Possible medical negligence claim		T	T	
Jakob Brandner 1004 4th Ave North Great Falls, MT 59401		-		X	x	x	
		L			L	L	0.00
Account No.	1	l	Possible medical negligence claim				
James Mike Edwards PO Box 1946 Cody, WY 82414		-		X	x	x	
Account No.	_		Descible medical regligence alaim				0.00
Account No.	1		Possible medical negligence claim				
James Barrett PO Box 1923 Cody, WY 82414		-		Х	x	x	
							0.00
Sheet no122_ of _340_ sheets attached to Schedule of			1	Sub	L tota	<u>L</u> ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	L H H	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNI-QU-DAF	DISPUTED	AMOUNT OF CLAIM
Account No.		l	Possible medical negligence claim		Ę		
James Blank 610 Richardson Ave Basin, WY 82410		-		X	X	T	1
Account No.	_	╁	Possible medical negligence claim	+	╁	╀	0.00
James Blotsky HC 46 Box 7971 Miles City, MT 59301		-		×	X	×	0.00
Account No.	L	t	Possible medical negligence claim	+	+	+	
James Boyles 412 2nd St W Roundup, MT 59072		-		×	x	×	0.00
Account No.	┢	t	Possible medical negligence claim		+	+	
James Bruno 1330 Southfork Rd Cody, WY 82414		_		×	X	X	0.00
Account No.	┢	+	Possible medical negligence claim		+	+	
James Carey PO Box 369 Ten Sleep, WY 82442		-		×	X	X	0.00
Sheet no. <u>123</u> of <u>340</u> sheets attached to Schedule of		L		Sub	tot	 a1	
Creditors Holding Unsecured Nonpriority Claims			(Total c				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NL I QU I DAT	I S P U T E D	AMOUNT OF CLAIM
Account No.	ł	l	Prossible medical negligence claim		E		
James Cleveland 2637 West Ave Cody, WY 82414		-			х	l	
							0.00
Account No.			Possible medical negligence claim				
James Desjarlais 341 A Street No 9B Cody, WY 82414		-		x	X	×	
							0.00
Account No.	T	T	Possible medical negligence claim		T	T	
James Duke 1319 Valley Drive Laurel, MT 59044		-		X	X	×	
							0.00
Account No.			Possible medical negligence claim				
James Dunning 466 Rd 634 Hathaway, MT 59333		-		x	X	×	(
Account No.		L	Possible medical negligence claim			ļ	0.00
James Earl 21 Springdale Lane Forsyth, MT 59327		-	. Social modical nogligorios siaim	x	x	×	
							0.00
Sheet no. 124 of 340 sheets attached to Schedule of	_	_		Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	

In re	John Henry Schneider		Case No.	14-61357	
_	·	Debtor			

	<u> </u>	1				. T	_	
CREDITOR'S NAME,	CODEBTOR	Hu	sband, Wife, Joint, or Community	— G		1	D I	
MAILING ADDRESS	P	Н	DATE CLAIM WAS INCURRED AND	N	! <u> </u>	۱.	S P U T E D	
INCLUDING ZIP CODE,	B	W	CONSIDERATION FOR CLAIM. IF CLAIM			۱ ډ	υ	
AND ACCOUNT NUMBER	IΤ	J	IS SUBJECT TO SETOFF, SO STATE.	N	ווי	1	T F	AMOUNT OF CLAIM
(See instructions above.)	Ř	С	18 5050201 10 821011,80 811112.	Ë			Ď	
Account No.	T	T	Possible medical negligence claim	Ť			l	
		l		\vdash	╀	+	_	
James Ford		l		l,	$\langle \rangle$		νl	
110 Sun Ave		-		- [/	Ή′	1	^۱	
Livingston, MT 59047					ı	1		
								0.00
Account No.		H	Possible medical negligence claim		\dagger	\dagger		
	1							
James Harris		l			Т	1		
4451 Roper Lane		-		>	$\langle \rangle$	K	ΧĮ	
Gillette, WY 82718		l			ı	1		
		l			ı	1		
								0.00
Account No.		Γ	Possible medical negligence claim		T	T		
	1				ı	1		
James Holte		l			Т	1		
1513 Rawhide Strip		-		\	$\langle \rangle$	<	X	
Billings, MT 59105		l			Т	1		
3 -7		l			ı	1		
								0.00
Account No.	T	T	Possible medical negligence claim		t	†		
					ı	1		
James Johnson		l		I,	Д,			
PO Box 490		-		- 12	$\langle \rangle$	۲l	X۱	
Lewistown, MT 59457		l			ı	1		
		l			ı	1		
					ı	1		0.00
Account No.			Possible medical negligence claim		T	†	1	
James Kysar	1	1			٦,		νl	
546 1/2 South Division	I	-		- 1'	(P	`	^	
Powell, WY 82435	ĺ	1						
							J	
	ĺ							0.00
Sheet no. <u>125</u> of <u>340</u> sheets attached to Schedule of	-			Sul	otot	al	7	2.55
Creditors Holding Unsecured Nonpriority Claims			(Total o				9	0.00
The state of the s			(Total C		r	0	′ L	

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	J H	DATE OF AN ANALYSIS DIGUEDED AND	CONTINGENT	N L I QU I D A T	I S P UT E D	AMOUNT OF CLAIM
Account No.	ł	l	l ossible medical negligence claim		E	l	
James McCann 1425 Nevada St. Rawlins, WY 82301		-			х	ı	
							0.00
Account No.			Possible medical negligence claim				
James Mcmahill 1602 26th St Cody, WY 82414		-		x	x	x	
							0.00
Account No.	T	T	Possible medical negligence claim	T	T	T	
James Morrison 2867 Glacier Avenue Cody, WY 82414		-		x	x	x	
							0.00
Account No.		Γ	Possible medical negligence claim				
James Nordeen 2601 Dove Road Gillette, WY 82718		-		x	x	×	
A N -			Describle readical realization along				0.00
Account No.	1		Possible medical negligence claim				
James Pattee 3115 Flamingo Way Billings, MT 59106		-		X	x	×	
							0.00
Sheet no126_ of _340_ sheets attached to Schedule of	1_	L		Sub	L tots	<u>L</u>	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NUQUIDAF	I S P U T E D	AMOUNT OF CLAIM
	ł				Ď	L	
James Pinkerton PO Box 224 Melstone, MT 59054		-		x	×	×	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
James Raffl PO Box 1000 Basin, WY 82410		-		x	x	×	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
James Seiner 840 Jersey Ave Lovell, WY 82431		-		x	x	×	
							0.00
Account No.		T	Possible medical negligence claim		Γ	T	
James Shelby 530 Avenue H Powell, WY 82435		-		X	x	×	:
A (N	_		Describle and discription of the second size		L	L	0.00
Account No.	\mathbf{I}		Possible medical negligence claim				
James Terry 814 East Kendrick St Rawlins, WY 82301		-		X	x	×	
							0.00
Sheet no. <u>127</u> of <u>340</u> sheets attached to Schedule of	1_		<u> </u>	Sub	L tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00

In re	John Henry Schneider		Case No.	14-61357	
_	·	Debtor			

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community CODEBTOR UNLIQUIDATED CONTINGENT CREDITOR'S NAME, MAILING ADDRESS DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, W CONSIDERATION FOR CLAIM. IF CLAIM AMOUNT OF CLAIM AND ACCOUNT NUMBER J IS SUBJECT TO SETOFF, SO STATE. С (See instructions above.) Account No. Possible medical negligence claim James White Χ Х 2016 Riverside Miles City, MT 59301 0.00 Possible medical negligence claim Account No. James Williams X|X|X723 Hwy 10 Columbus, MT 59019 0.00 Account No. Possible medical negligence claim James Willis x|x|x4481 Orchard Bench Rd Basin, WY 82410 0.00 Possible medical negligence claim Account No. James Young x|x|x2170 North 200 South Lindsay, MT 59339 0.00 Account No. Possible medical negligence claim Jami Drange x|x|x425 Slalom Drive Billings, MT 59102 0.00 Sheet no. 128 of 340 sheets attached to Schedule of Subtotal 0.00

Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Ic	Τμ	lusband, Wife, Joint, or Community	С	Ιυ	Гр	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	J C	DATE CLAIM WAS INCURRED AND CONSIDER ATION FOR CLAIM. IF CLAIM		NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	-	ı	Possible medical negligence claim		E		
Jami Ledford 840 East 5th St Powell, WY 82435		-			ı	X	
		┸			L		0.00
Account No.			Possible medical negligence claim				
Jamie Rhodes 49 Big Sky Rd Cody, WY 82414		-		X	X	x	
							0.00
Account No.		Ť	Possible medical negligence claim	T	T	T	
Jamie Ryan 2747 E Howard Rd Billings, MT 59102		-		x	X	x	
							0.00
Account No.		Ι	Possible medical negligence claim				
Jan Alexander PO Box 575 Ralston, WY 82440		-		X	X	X	
A (N	4	_	Describle and disclosed from the second size				0.00
Account No.	-		Possible medical negligence claim				
Jana Hegg 3006 Edmond Street Billings, MT 59102		-		X	×	x	
							0.00
Sheet no. 129 of 340 sheets attached to Schedule	of			Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	1.	_		1 -	1	-	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Jana Moran 544 S 4th Ave W Malta, MT 59538		-			X	T	0.00
Account No.	╁	_	Possible medical negligence claim		l	<u> </u>	0.00
Jana Muck 503 Timberdale Dr. Kilgore, TX 75662		-		X	×	x	
		L					0.00
Account No. Jane Arnett 1108 14th St PMB 141 Cody, WY 82414		-	Possible medical negligence claim	X	X	×	0.00
Account No.	╁	t	Possible medical negligence claim		t	T	
Janet Bessler 953 North Mccue 228 Laramie, WY 82072		-		X	X	×	0.00
Account No.	+	t	Possible medical negligence claim		H	+	3.33
Janette Martin Wood 3980 Parkhill Dr Billings, MT 59102-7587		-		x	X	x	
						L	0.00
Sheet no. <u>130</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim	'	Ė		
Janice Davis PO Box 307 Roundup, MT 59072		-			Х	х	
Account No.	╀	_	Possible medical negligence claim				0.00
Janice Moser 1308 S. 2nd St W Baker, MT 59313		-	3.50.0000000000000000000000000000000000	X	x	x	0.00
Account No.	╀	┝	Possible medical negligence claim	+	\vdash	┞	0.00
Janice Tormaschy 3298 Shenandoah Dr Billings, MT 59102		-		X	x	×	0.00
Account No.	╁	<u> </u>	Possible medical negligence claim	+			0.00
Jason Clark 6100 Stone Trail Avenue Gillette, WY 82718		-		x	x	x	
Account No.	╁	\vdash	Possible medical negligence claim				0.00
Jason Kettrey 2501 Silverwood Gillette, WY 82716		-		x	x	x	
							0.00
Sheet no. <u>131</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	,		(Total of	Subt			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CREDITOR'S NAME,	Ç	Н	usband, Wife, Joint, or Community	С	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M		ONT INGENT	 	DISPUTED	AMOUNT OF CLAIM
Jason Krueger PO Box 289 Thermopolis, WY 82443		-		x	T	х	
		L					0.00
Account No. Jason Pederson PO Box 468 Forsyth, MT 59327		-	Possible medical negligence claim	x	×	x	0.00
Account No.		T	Possible medical negligence claim		t	t	
Jason Taylor PO Box 2924 Gillette, WY 82717		-		X	x	x	0.00
Account No.		H	Possible medical negligence claim	\dagger	t	H	
Javier Hernandez PO Box 364 Greybull, WY 82426		-		X	x	x	
Account No.			Possible medical negligence claim	+	$\frac{1}{1}$		0.00
Jay Wiebers 1016 Alice St Miles City, MT 59301		-		x	x	x	
							0.00
Sheet no. <u>132</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		_	(Total of	Sub			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	I c	Тн	usband, Wife, Joint, or Community	С	Ιυ	Ιп	Ī
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No. 1072	C O D E B T O R	J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM		NLIQUIDAT	D I S P U T E D	AMOUNT OF CLAIM
Account No. 1072	\dashv	ı	1 ossible claim for indefinity of contribution		E		
Jay Winzenreid Absaroka Orthopedics PC PO Box 1330 Powell, WY 82435		-				x	
Account No.	╅	+	Possible medical negligence claim	+	t	t	
Jean Crutchfield 814 Jeremy Ct Cody, WY 82414		_		X	x	x	0.00
Account No.	╁	+	Possible medical negligence claim	+	╁	+	0.00
Jean Imsand 4 Llama Drive Powell, WY 82435		-	g.g.	x	X	x	0.00
Account No.	+	+	Possible medical negligence claim	+	H	+	1
Jean Kienitz 168 Rapelje Rd Columbus, MT 59019		-		X	X	x	0.00
Account No.	+	+	Possible medical negligence claim	+	+	+	0.50
Jean Wall 268 N Red Slide Dr Wellsville, UT 84339		_		X	x	x	
							0.00
Sheet no. <u>133</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	16	I	sband, Wife, Joint, or Community	<u> </u>	Lii	D	ı
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.	_		Possible medical negligence claim	Т	E		
Jeanene Pangburn 924 West Janeaux Lewistown, MT 59457		-		X	T	х	
	4						0.00
Account No.	-		Possible medical negligence claim				
Jeanette McMahill 1602 26th Street Cody, WY 82414		-		X	x	x	
							0.00
Account No.		T	Possible medical negligence claim		Γ	T	
Jeannette and Ronald Brewster 52 Moore Rd Powell, WY 82435		-		X	X	X	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Jeffery Medearis 1451 Plevna Rd Plevna, MT 59344		-		X	X	x	
							0.00
Account No.			Possible medical negligence claim				
Jeffrey Bremer 1601 Draw Street Cody, WY 82414		-		X	X	×	
							0.00
Sheet no. <u>134</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f	<u>' </u>	(Total of	Sub			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	UNLLQULDA	DISPUTED	AMOUNT OF CLAIM
Possible medical negligence claim	ľ	E D		
			Π	
				0.00
Possible medical negligence claim				
	x	х	x	
				0.00
Possible medical negligence claim	T		H	
	х	х	x	
				0.00
Possible medical negligence claim	\dagger	\vdash	Н	
	x	х	x	
				0.00
Possible medical negligence claim				
	x	x	x	
				0.00
				0.00
	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	Possible medical negligence claim X Possible medical negligence claim X Possible medical negligence claim X Subtraction of the possible medical negligence claim X	Possible medical negligence claim Possible medical negligence claim X X Possible medical negligence claim X X Subtota	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X X X Possible medical negligence claim X X X X Possible medical negligence claim X X X X

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITODIC NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	L	DISPUTED	AMOUNT OF CLAIM
Jenifer Dagel 6591 Mainwaring Rd Acton, MT 59002		-		×	T	X	
Account No.	_	_	Possible medical negligence claim	+	╀	_	0.00
Jennifer Bogart 2018 Public Street Cody, WY 82414		_	Todalou nogligonos sialin	X	X	X	0.00
Account No.		\vdash	Possible medical negligence claim	+	+	+	0.00
Jennifer Davis PO Box 903 Afton, WY 83110		-		X	x	X	0.00
Account No.		H	Possible medical negligence claim	+	+	\vdash	0.00
Jennifer Steed PO Box 632 Cowley, WY 82420		-		X	x	X	0.00
Account No.		<u> </u>	Possible medical negligence claim		<u> </u>		0.00
Jerome Gordon PO Box 325 Miles City, MT 59301		-		×	X	X	
							0.00
Sheet no. <u>136</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		•	(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U			
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	FUTEC		AMOUNT OF CLAIM
Treesum 110.	ł	l	The control of the co		þ	⊥		
Jerome Laumann 1040 Leopard St Sheridan, WY 82801		-			X	ı	×	
								0.00
Account No.		Ī	Possible medical negligence claim			T		
Jerome Leech 22 Image Dr Lovell, WY 82431		-		x	X		×	
								0.00
Account No.		t	Possible medical negligence claim	t	T	t	T	
Jerralee Lyman 2712 Virginia Lane Billings, MT 59102		-		x	X	()	X	
								0.00
Account No.		T	Possible medical negligence claim		Τ	T		
Jerry and Sheila Woolington PO Box 325 Baker, MT 59313		-		x	X	()	X	
Account No.			Possible medical negligence claim	-	L	1	_	0.00
recount 10.	1		1 ossible medical negligence dalin					
Jerry Bo Grandahl 1070 Claredon Avenue Sheridan, WY 82801		-		x	X	; >	X	
								0.00
Sheet no137 of _340 sheets attached to Schedule of		_	1	Sub	l tota	⊥ al	+	
Creditors Holding Unsecured Nonpriority Claims			(Total of)	0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

ODED TO DIG VALVE	С	Īн	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C N H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.		l	Possible medical negligence claim		E		
Jerry Callahan 595 Ave C Powell, WY 82435		-				X	
							0.00
Account No.			Possible medical negligence claim				
Jerry Clark 1231 Red Butte Ave Cody, WY 82414		-		x	X	x	
							0.00
Account No.	\dashv	t	Possible medical negligence claim		t	t	
Jerry Giedd 4750 Beaver Creek Road Lewistown, MT 59457		-		x	X	X	
							0.00
Account No.		T	Possible medical negligence claim				
Jerry Gustafson PO Box 764 Gillette, WY 82717		-		x	X	X	
Account No.	_		Possible medical negligence claim	+	_		0.00
Jerry O Daniels 449 E 7th Str Sheridan, WY 82801		-		x	X	X	
							0.00
Sheet no. <u>138</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

an Financia VIII 5	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	OD E B T O R	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim	ONTINGENT	DZLLQDLDAHUD	SPUTED	AMOUNT OF CLAIM
Account No.	-		Possible medical negligence cialin		E D		
Jesse Briceno 3253 Banff Billings, MT 59102		-		X	х	х	
							0.00
Account No.			Possible medical negligence claim				
Jesse Cathey PO Box 30756 Billings, MT 59107		-		x	x	х	
							0.00
Account No. Jessica Flint P. O. Box 2143 Cheyenne, WY 82003-2143		-	Notice only - attorney for Wyoming Board of Medicine				0.00
Account No.	╁	\vdash	Possible medical negligence claim	+		_	0.00
Jessica Mead 12001 County Rd 94 Elbert, CO 80106		-		X	x	x	0.00
Account No.	╁	\vdash	Possible medical negligence claim	+			
Jessica Parker PO Box 405 Williston, ND 58802		-		x	x	x	
							0.00
Sheet no. <u>139</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	•		(Total of	Subt			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	1.	1		10		<u> </u>	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	D I S P U T E D	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim	Т	E		
Jim Jerry Decock PO Box 1515 Hysham, MT 59038		-		X	Г	х	
						L	0.00
Account No.	ł		Possible medical negligence claim				
Jim Bales 1001 11th St Apt 121 Cody, WY 82414		-		x	x	x	
							0.00
Account No.	t	T	Possible medical negligence claim		Г	Г	
Jimmie Brock PO Box 445 Meeteetse, WY 82433		-		x	x	x	
							0.00
Account No.	1		Possible medical malpractice claim				
Jimmy Biles 720 Lindsay Lane Cody, WY 82414		-		x	×	×	
							Unknown
Account No.			Possible medical negligence claim				
Joan Hamilton 2267 Darcy Lane Billings, MT 59102		-		x	x	x	
							0.00
Sheet no. <u>140</u> of <u>340</u> sheets attached to Schedule of		_		Subi			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	tnis	pag	ge)	

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NL I QU I DAT	I S P U T E D	AMOUNT OF CLAIM
Account No.	ł		1 ossible medical negligence dalim		E D		
Joan Hanneman 123 Pleasant View Drive Worland, WY 82401		-			х	ı	
							0.00
Account No.			Possible medical negligence claim				
Joan Kindred 140 North Cheyenne St 209 Powell, WY 82435		-		X	X	x	
							0.00
Account No.	T	t	Possible medical negligence claim	T	T	t	
Joan Volf PO Box 9 Judith Gap, MT 59453		-		X	X	x	
		L				L	0.00
Account No.			Possible medical negligence claim				
Joann Graves 491 S Sandcreek Rd Jordan, MT 59337		-		X	x	x	
Account No.		_	Possible medical negligence claim	_			0.00
Account No.	ł		r ossible medical negligence cialm				
Joann Mckown 703 W 8th St 205 Gillette, WY 82716		-		X	x	x	
							0.00
Sheet no. <u>141</u> of <u>340</u> sheets attached to Schedule of	1_	L	1	Sub	tota	<u>L</u>	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	_	_			_	_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	LH W	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Joanna Paloni 914 Edgehill Vista Road Billings, MT 59101		-			X	T	0.00
Account No.	╁		Possible medical negligence claim	+		<u> </u>	0.00
Joanne Cortright 113C Gallatin Drive Bozeman, MT 59718		-		x	x	X	
							0.00
Account No. Jodi Kurtz Po Box 743 Seward, AK 99664		-	Possible medical negligence claim	×	x	×	0.00
Account No.	†	t	Possible medical negligence claim		t	t	
Jody and Benjamin Holder 20 Island Dr Gillette, WY 82716		-		×	x	x	0.00
Account No.	╁	t	Possible medical negligence claim		T	T	
Jody Smith 67 Hutchison Lane Miles City, MT 59301		-		X	X	X	
							0.00
Sheet no. <u>142</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total c	Sub of this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	COXFLXGEXF	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
	1				D	L	
Jody Wolfe PO Box 688 Garrison, ND 58540		-		x	×	X	
							0.00
Account No.		T	Possible medical negligence claim		l	T	
Joe Kondelis 113 Adams Lane Cody, WY 82414		-		x	x	×	(
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Joe Majoris 2807 Cougar Cody, WY 82414		-		х	x	x	
							0.00
Account No.		Γ	Possible medical negligence claim				
Joe Whisonant 14409 Mt Highway 200 Winnett, MT 59087		-		x	x	×	C
Account No			Descible medical regligence daim			\perp	0.00
Account No.	$\left\{ \right.$		Possible medical negligence claim				
Joel Emmett 424 1st Ave So Greybull, WY 82426		-		x	x	×	
							0.00
Sheet no143_ of _340_ sheets attached to Schedule of	1_	L		Sub	L tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		UNLIQUIDATED	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	Т	E		
Joesette Lindvold PO Box 1075 Miles City, MT 59301		-		X	Г	х	
							0.00
Account No.	l		Possible medical negligence claim				
Joey Deeg PO Box 253 Bridger, MT 59014		-		X	x	×	
							0.00
Account No.	t	t	Possible medical negligence claim	\dagger	Н	H	
Johanna Cubbage 777 Road 4 Powell, WY 82435		-		X	X	Х	
							0.00
Account No.			Possible medical negligence claim				
John Albrecht 28 Means Banner, WY 82832		-		X	x	X	
							0.00
Account No.			Notice only - attorney for Dan Mattson				
John Alta 2817 Second Ave N, Ste. 300 Billings, MT 59101		-					
							0.00
Sheet no. <u>144</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	-	•	(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
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ODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	ONL - QU - DA	SPUTED	AMOUNT OF CLAIM
1		Possible medical negligence claim	T	E		
	-		X	Г	х	
						0.00
4		Possible medical negligence claim				
	-		х	x	x	
						0.00
	T	Possible medical negligence claim	T	T		
	-		x	x	x	
	L					0.00
4		Possible medical negligence claim				
	-		X	x	x	
		Describle we discluded in the second second				0.00
+		Possible medical negligence claim				
	-		x	x	x	
						0.00
						0.00
	CODEBTOR	HWJC -	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Subtota	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

<u></u>	Tc	Ι μ	sband, Wife, Joint, or Community	- C	111	D	I
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim	T	E		
John Bottman 3109 Cabin Creek Trail Billings, MT 59106		-		X	Г	х	
							0.00
Account No.	4		Possible medical negligence claim				
John Buser 3148 Becraft Lane Billings, MT 59101		-		X	x	X	
							0.00
Account No.	T	T	Possible medical negligence claim				
John Collins 108 N Bent Powell, WY 82435		-		x	x	x	
		L				L	0.00
Account No.	4		Possible medical negligence claim				
John Donaldson 876 Rd 6 Powell, WY 82435-0784		-		X	x	x	
A (N			Describle and describe and describe				0.00
Account No.	-		Possible medical negligence claim				
John Donnelly PO Box 1 Volborg, MT 59351		-		X	x	x	
							0.00
Sheet no. <u>146</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	_	_					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H W H	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	ΙQ	DISPUTED	AMOUNT OF CLAIM
John Dudik 7712 Hwy 312 Billings, MT 59105		-		X	X	T	0.00
Account No.		t	Possible medical negligence claim	+	H	L	0.00
John Dumontier PO Box 1441 New Town, ND 58763		-		X	X	x	
							0.00
Account No. John Ernest 137 North Division Street Powell, WY 82435		-	Possible medical negligence claim	X	X	×	0.00
Account No.	1	t	Possible medical negligence claim		t	T	
John Farley 6930 Eagle Bend Blvd Shepherd, MT 59079		-		X	X	X	0.00
Account No.		$\frac{1}{1}$	Possible medical negligence claim	+	\vdash	\perp	0.00
John Felicioni 843 Betsy Drive Billings, MT 59105		-		x	X	x	
61 4 447 6 040 1 4 4 4 1 6 6 1 1 4	_				L		0.00
Sheet no. <u>147</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

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CODEBTOR	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	DNLLQULDA	DISPUTED	AMOUNT OF CLAIM
1		Possible medical negligence claim	T	E		
	-		X	Г	х	
						0.00
1		Possible medical negligence claim				
	-		X	×	×	
						0.00
T	T	Possible medical negligence claim	\dagger		T	
	-		x	x	x	
					L	0.00
4		Possible medical negligence claim				
	-		X	x	X	
		Describle and describe and describe				0.00
1		Possible medical negligence claim				
	-		X	×	x	
						0.00
_	_					0.00
	CODEBTOR	HWJC -	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X Substitute of the possible medical negligence claim X	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Subtota	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim XXXX XXXX Possible medical negligence claim XXXX XXXX Possible medical negligence claim XXXX XXXX

In re	John Henry Schneider		Case No	14-61357	
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Ιc	Г	shand Wife Joint or Community	10	Lii	Ь	I
ODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	ONL-QU-DA	SPUTED	AMOUNT OF CLAIM
1		Possible medical negligence claim	T	E		
	-			Γ	Г	
						0.00
1		Possible medical negligence claim				
	-		Х	x	x	
						0.00
T	T	Possible medical negligence claim	T	T	T	
	-		x	x	x	
	L					0.00
-		Possible medical negligence claim				
	-		Х	×	×	
						0.00
-		Possible medical negligence claim				
	-		Х	×	×	
						0.00
-						0.00
	CODEBTOR	HWJC -	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Subtota	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim Region of the possible medical negligence claim

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITORIC NAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C M H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTLNGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	_		Possible medical negligence claim	'	Ė		
John Lawson 406 2 Nd Ave Laurel, MT 59044		-			l	х	
							0.00
Account No.			Possible medical negligence claim				
John Livermore 4220 Cooper Lane Cody, WY 82414		-		x	x	x	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
John Loman PO Box 571 Lovell, WY 82431		-		X	x	x	
		L			L	L	0.00
Account No.			Possible medical negligence claim				
John Marks PO Box 996 Forsyth, MT 59327		-		X	x	×	
A N-	_		Describle was disclusively a sking				0.00
Account No.	\dashv		Possible medical negligence claim				
John Preis PO Box 109 Emblem, WY 82422		-		X	x	x	
							0.00
Sheet no. <u>150</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

GDED MODIS VIA VI	С	ĪΗ	usband, Wife, Joint, or Community	С	U	D	İ
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	J H	DATE CLAIM WAS INCURRED AND CONSIDER ATION FOR CLAIM. IF CLAIM	ONTINGENT	N L I QU I D A T	D I S P U T E D	AMOUNT OF CLAIM
Account No.	-	ı	Fossible medical negligence claim		E		
John Raymond 320 North Sewell Ave Miles City, MT 59301		-				x	
Account No.	+	ł	Possible medical negligence claim	+	┝	$\frac{1}{1}$	0.00
John Riggs 1287 Lane 8 Powell, WY 82435		-		X	X	x	
Account No.	4	\downarrow	Possible medical negligence claim	+	╀	╀	0.00
John Roland PO Box 573 Powell, WY 82435		_	r ossible medical negligence cialin	x	x	x	0.00
Account No.	+	+	Possible medical negligence claim	+	t	+	0.00
John Romero PO Box 771 Basin, WY 82410		-		x	X	x	0.00
Account No.	+	ł	Possible medical negligence claim	+	+	<u> </u>	0.00
John Seil 2506 13 Avenue West Williston, ND 58801		-		x	x	x	
					\perp		0.00
Sheet no. <u>151</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	10	1	haband Wife Island or Community	10	1	L	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	J C	ONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	DALLQULDATED	DISPUTED	AMOUNT OF CLAIM
John Shuler 2129 Pioneer Ave Apt B1 Cody, WY 82414		-			X	T	0.00
Account No. John Sides PO Box 284		-	Possible medical negligence claim	X	x	X	
Powell, WY 82435							0.00
Account No. John Sidor 123 Woodard Ave Absarokee, MT 59001		_	Possible medical negligence claim	X	x	x	0.00
Account No.	╫	+	Possible medical negligence claim		+	\vdash	0.00
John Stewart PO Box 1782 East Helena, MT 59635		_		×	x	x	0.00
Account No.	1	\dagger	Possible medical negligence claim				
John Werk PO Box 86 Huntley, MT 59037		-		x	X	x	
Sheet no. <u>152</u> of <u>340</u> sheets attached to Schedule of	·f			Sub	tota	1	0.00
Creditors Holding Unsecured Nonpriority Claims	<i>,</i> 1		(Total o				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Ιc	I LL.	usband, Wife, Joint, or Community	1	Пп	Ιn	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	H W J C	DATE CLAIM WAS INCUIDED AND	ONTINGENT	ONL QU L DAT	DISPUTED	AMOUNT OF CLAIM
recount ivo.	┨	l	Toolisio modical negligence claim		D		
John Zito 2820 Park City Rd. Laurel, MT 59044-9529		-			l	х	
Account No.	╀	\vdash	Possible medical negligence claim		\vdash		0.00
Jon Gjording 7690 Robin Dr Gillette, WY 82718		-		x	x	x	
Account No.	┸	┞		_	L	L	0.00
Jon Lindstrom 84 South Sage Hill Rd Gillette, WY 82718		-	Possible medical negligence claim	x	x	x	0.00
Account No.	t	\dagger	Noted only - attorney for several creditors	+	t	H	
Jon M. Moyers 490 N. 31 St., Suite 101 Billings, MT 59101		-					0.00
Account No.	t	t	Possible medical negligence claim		\vdash		
Jon Syring 1239 Caroline St Billings, MT 59105		-		X	x	x	0.00
	_					Ļ	0.00
Sheet no. <u>153</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	I c	Lu	ishand Wife Isint or Community	10	Lii	Ιn	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H M		CONT INGENT	N L I Q	DISPUTED	AMOUNT OF CLAIM
Jonathan Mahar 1116 10th St Williston, ND 58801		-		X	X	T	
Account No.		_	Possible medical negligence claim		-		0.00
Jonathan Smith 2017 11th Ave North Billings, MT 59101	•	_		x	X	x	0.00
Account No.	┢	\vdash	Possible medical negligence claim		H	+	0.00
Jonette Doeden 149 Sunrise Miles City, MT 59301		-		×	X	x	0.00
Account No.	┢	\vdash	Possible medical negligence claim		H	+	
Joni Hansen 108 1st Ave So Greybull, WY 82426		-		x	X	x	0.00
Account No.	\vdash	\vdash	Possible medical negligence claim		\vdash	\vdash	0.30
Joni Kunkel 1107 OMalley Dr Billings, MT 59102		-		x	X	x	
Short no. 454 of 240 shorts attached to Scholar of				Cul	tata		0.00
Sheet no. <u>154</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total c	Sub f this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	Гс	Тн	usband, Wife, Joint, or Community	С	U	Īρ	İ
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C N H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	NLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.	-		Fossible medical negligence claim		E		
Jose Ceniceros 610 Chinook Place Billings, MT 59102		-			l	X	
	4	1					0.00
Account No.	4		Possible medical negligence claim		l		
Josefa Reiter 4235 Audubon Way Billings, MT 59106		-		X	x	x	
							0.00
Account No.	╛	T	Possible medical negligence claim		T	T	
Joseph Card PO Box 2838 Cody, WY 82414		-		X	x	x	
							0.00
Account No.	4		Possible medical negligence claim				
Joseph Childers 736 Road 12 Powell, WY 82435		-		X	x	X	
Account No.	4	_	Descible medical realizance claim	_			0.00
Account NO.	\dashv		Possible medical negligence claim				
Joseph Pellar 283 Rd 8 UD Powell, WY 82435		-		X	x	x	
							0.00
Sheet no. 155 of 340 sheets attached to Schedule	of			Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

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CODEBTOR	Hu H V	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	DZLLQULDA	D I S P U T E D	AMOUNT OF CLAIM
1		Possible medical negligence claim	Т	E		
	-		X	Г	х	
┸	L					0.00
1		Possible medical negligence claim				
	-		X	x	x	
						0.00
T	T	Possible medical negligence claim		Г	Г	
	-		x	x	x	
						0.00
1		Possible medical negligence claim				
	-		x	x	X	
						0.00
1		Possible medical negligence claim				
	-		X	x	x	
						0.00
	_					0.00
	CODEBTOR	H W J C	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Subtota	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim VX X X Possible medical negligence claim Possible medical negligence claim XX X X

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	J H M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDATE	I S P U T E D	AMOUNT OF CLAIM
	1				Þ	╀	_
Joyce Close 302 Jackson 8 Billings, MT 59101		-		X	x	×	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Joyce Donaldson 876 Rd 6 Powell, WY 82435-0784		-		х	x	×	
							0.00
Account No.		Γ	Possible medical negligence claim		Γ	Γ	
Joyce Hanson General Delivery Arnegard, ND 58835		-		X	x	×	<u> </u>
							0.00
Account No.			Possible medical negligence claim			Γ	
Joyce Harrison PO Box 619 Dubois, WY 82513		-		X	x	×	3
A		L	Descible readical positiveness deim				0.00
Account No.	\mathbf{I}		Possible medical negligence claim				
Joyce Heiser 424 South Division Powell, WY 82435		-		x	x	×	
							0.00
Sheet no157 of _340 sheets attached to Schedule of	1_		<u>I</u>	Sub	tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	Тс	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ė		
Joyce Nelson PO Box 52 Huntley, MT 59037		-		X	х	х	
							0.00
Account No.			Possible medical negligence claim				
Joyce Richardson 3873 Wheat Grass PI Billings, MT 59105		-		X	х	x	
							0.00
Account No.		T	Possible medical negligence claim	T	Г	Г	
Joyce Straub PO Box 246 Baker, MT 59313		-		x	x	x	
							0.00
Account No.			Possible medical negligence claim				
Joyce Willson 1353 Cartersville Road Rosebud, MT 59347		-		x	x	x	
Account No.	+		Possible medical negligence claim				0.00
Juanita Donathan PO Box 907 Thermopolis, WY 82443		-	Tools in Giodi Hogingerice Claim	X	x	x	
							0.00
Sheet no. <u>158</u> of <u>340</u> sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H W		CONTINGENT	I Q	DISPUTED	AMOUNT OF CLAIM
Juanita Westlake PO Box 22347 Cheyenne, WY 82009		-		X	T	х	
Account No.	_	┝	Possible medical negligence claim		┝		0.00
Judd Fitzgerald PO Box 1311 Forsyth, MT 59327		_		X	X	x	0.00
Account No.	_	+	Possible medical negligence claim		╁	\vdash	0.00
Judith Cole 7 Cole Lane Forsyth, MT 59327		-		X	X		0.00
Account No.		t	Possible medical negligence claim		t		
Judith Friede 127 Clark Thermopolis, WY 82443		-		X	X	x	0.00
Account No.		\vdash	Possible medical negligence claim		H	H	
Judy and Philip Jessup 17 Diamond View Road Cody, WY 82414		-		x	X	x	
							0.00
Sheet no. <u>159</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

GD-TD-WG-D16-14-14-15	Тс	ĪΗ	usband, Wife, Joint, or Community	С	Īυ	Īρ	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGEZ	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.	Ī	T	Possible medical negligence claim	Ť	ΪĖ		
Judy Biere 101 Treetop Rd Roundup, MT 59072		-			X	T	
Account No.	-	-	Possible medical negligence claim		_		0.00
Judy Grimsrud PO Box 402 Culbertson, MT 59218		-	. cools medica negigenee claim	×	x	×	
Account No.	_	L	Possible medical negligence claim	\perp		L	0.00
Judy Wall 3197 Beaver Creek Rd Greybull, WY 82426		-	Possible medical negligence claim	x	x	x	
Account No.	╀	+	Possible medical negligence claim		ŀ	L	0.00
Julane Green 323 N Cody Ave Hardin, MT 59034-1710		-		x	x	×	
Account No.	}	<u> </u>	Possible medical negligence claim		<u> </u>		0.00
Julia Michel 1719 Utah St Rock Springs, WY 82901		-		x	x	×	
							0.00
Sheet no. <u>160</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	J C	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	ONL QU L DATED	DISPUTED	AMOUNT OF CLAIM
Julie Friday 208 33rd Street Cody, WY 82414		-			Х	T	0.00
Account No. Julie Kukowski 11 N Custer Ave Miles City, MT 59301		_	Possible medical negligence claim	X	X	X	
Account No. Julie Stevenson 3144 E Ave Cody, WY 82414		-	Possible medical negligence claim	X	X	X	0.00
Account No. Julie White 3805 Molly Drive Shepherd, MT 59079		_	Possible medical negligence claim	X	X	x	
Account No. Julisa Simanton PO Box 1193 Malta, MT 59538		_	Possible medical negligence claim	x	x	x	0.00
Sheet no. <u>161</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(Total o	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

GDED/MODIG VALUE	С	Тн	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.	_		Possible medical negligence claim		Ė		
Justin Hanley PO Box 57 Miles City, MT 59301		-				х	
							0.00
Account No.			Possible medical negligence claim				
Justin Herrick 4334 Mcgirl Road Billings, MT 59105		-		X	X	×	
							0.00
Account No.		t	Possible medical negligence claim	Ť	T	T	
Justin Schaak 42 Brookpark Dr Billings, MT 59102		-		x	X	x	
							0.00
Account No.			Possible medical negligence claim				
Justine Timmons 2613 Copper Blvd Billings, MT 59102		-		x	X	×	
	_						0.00
Account No.	\dashv		Possible medical negligence claim				
Justus Jones 28 Platue Dr Columbus, MT 59019		-		x	X	x	
							0.00
Sheet no. <u>162</u> of <u>340</u> sheets attached to Schedule	of			Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	Гc	Тн	usband, Wife, Joint, or Community	С	Ιυ	ΙD	T
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM		UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.	┨	l	Possible medical negligence claim		E		
Kai Brown 505 Avenue G Powell, WY 82435		-			X		
					L	L	0.00
Account No.	4		Possible medical negligence claim				
Kaitlin Strever 2702 Pronghorn Dr Laurel, MT 59044		-		X	X	X	(
							0.00
Account No.	1	t	Possible medical negligence claim	T	t	t	
Kameron Kober 1579 Peony Dr Billings, MT 59105		-		x	×	X	(
							0.00
Account No.		T	Possible medical negligence claim				
Karen Amend 630 Ave F Powell, WY 82435		-		X	X	X	(
Account No.	_	_	Possible medical negligence claim		L	_	0.00
Account NO.	1		Possible medical negligence claim				
Karen Egge 11 West 22nd St Williston, ND 58801		-		x	X	x x	
							0.00
Sheet no. <u>163</u> of <u>340</u> sheets attached to Schedule of				Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	I c	I	akand Wife Islandar Opposite	10		D	ı
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim	T	E		
Karen Hathaway 1211 Leighton Miles City, MT 59301		-		X	Х	х	
							0.00
Account No.	1		Possible medical negligence claim				
Karen Hergenrider PO Box 2382 Red Lodge, MT 59068		-		X	×	×	
							0.00
Account No.		T	Possible medical negligence claim	\dagger		T	
Karen Hopkins 1314 Beverly Blvd Cheyenne, WY 82007		-		x	x	x	
							0.00
Account No.			Possible medical negligence claim				
Karen Jones PO 1383 Columbus, MT 59019		-		x	x	X	
				L			0.00
Account No.	-		Possible medical negligence claim				
Karen Leegaard P O BOX 2525 Gillette, WY 82717		-		х	x	x	
							0.00
Sheet no. <u>164</u> of <u>340</u> sheets attached to Schedule of		_		Subi			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	H W		CONTINGENT	DNLLQULDAHED	DISPUTED	
Karen Lindstrom 84 South Sage Hill Rd Gillette, WY 82718		-		X	X	t	_
		L			L	L	0.00
Account No. Karen Liner 644 Avenue H Powell, WY 82435		-	Possible medical negligence claim	x	x	×	0.00
Account No.	T	T	Possible medical negligence claim		t	t	
Karen Newton PO Box 3063 Cody, WY 82414		-		x	x	×	0.00
Account No.	\vdash	\vdash	Possible medical negligence claim	T	\vdash	+	
Karen Tollefson PO Box 1432 Malta, MT 59538		-		x	x	×	0.00
Account No.	\vdash		Possible medical negligence claim		-	+	0.00
Kari Wells 1114 1st St E Roundup, MT 59072		-		x	x	×	
							0.00
Sheet no. <u>165</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Sub his			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

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CODEBTOR	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	DNLLQULDA	I S P U T E D	AMOUNT OF CLAIM
		Possible medical negligence claim	Т	E		
	-		X	Г	х	
L		Describle madical parliments daim				0.00
\mathbf{I}		Possible medical negligence claim				
	-		X	x	x	
						0.00
	T	Possible medical negligence claim	T		T	
	-		x	x	x	
						0.00
		Possible medical negligence claim				
	-		x	x	x	
		Describle was disclosed in successful and successfu				0.00
\mathbf{I}		Possible medical negligence claim				
	-		X	x	x	
						0.00
	_					0.00
	CODUBTOR	H W J C	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Subtota	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Reference to the possible medical negligence claim Reference to the possible medical negligence claim Reference to the possible medical negligence claim Reference to the possible medical negligence claim Reference to the possible medical negligence claim Reference to the possible medical negligence claim Reference to the possible medical negligence claim Reference to the possible medical negligence claim Reference to the possible medical negligence claim Reference to the possible medical negligence claim Reference to the possible medical negligence claim Reference to the possible medical negligence claim Reference to the possible medical negligence claim

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CREDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
112000	1		. coole modified negligones claim	L	b	L	
Kathleen Ewen 2881 Beaver Creek Rd Shell, WY 82441		-			x	l	
		l					0.00
Account No.		T	Possible medical negligence claim				
Kathleen Hertz PO Box 97 Winnett, MT 59087		-		x	x	×	
		l					0.00
Account No.	Τ	T	Possible medical negligence claim		T	T	
Kathleen Monington 1011 Knight Miles City, MT 59301		-		x	x	×	
							0.00
Account No.		T	Possible medical negligence claim		Γ	T	
Kathleen Woods 220 34th Street Cody, WY 82414		-		x	x	×	<u> </u>
Account No.	╀	_	Possible medical negligence claim			l	0.00
Kathryn Mikkola PO Box 29 Roberts, MT 59070		-		x	x	×	
							0.00
Sheet no167_ of _340_ sheets attached to Schedule of	_		1	Sub	tota	ı ıl	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H W		CONTINGENT	N L I C	DISPUTED	AMOUNT OF CLAIM
Kathryn Mowery PO Box 243 Basin, WY 82410		-		X	X	Τ	
Account No.	_	_	Possible medical negligence claim		-		0.00
Kathryn Shinn PO Box 823 Cody, WY 82414		-		x	X	x	0.00
Account No.		t	Possible medical negligence claim	+	+	H	
Kathy Cashmore 955 Delphinium Dr Billings, MT 59102		-		x	x	x	0.00
Account No.		t	Possible medical negligence claim		T	H	
Kathy Nickelson 640 HWY 114 Powell, WY 82435		-		x	x	x	0.00
Account No.	lacksquare	+	Possible medical negligence claim		+	\vdash	-100
Kathy Pering 1015 North Montana Miles City, MT 59301		_		x	x	x	0.00
Sheet no. <u>168</u> of <u>340</u> sheets attached to Schedule of	_			Sub	tots	1	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total o				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C H W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Kathy Rustad 1201 Rd 6 Powell, WY 82435		-			X	T	0.00
Account No. Kathy Scharosch	1		Possible medical negligence claim				0.00
PO Box 594 Ray, ND 58849		-		X	X	X	0.00
Account No. Kay Kinsman 344 North Absaroka Street Powell, WY 82435		-	Possible medical negligence claim	X	X	x	
Account No.	-	<u> </u>	Possible medical negligence claim				0.00
Kayla Downing 4050 Illinois Bench Rd. Stevensville, MT 59870		-		X	X	x	0.00
Account No.	†		Possible medical negligence claim	\dagger	\vdash		
Kaylene McKay 19201 Black Butte Road Lewistown, MT 59457		-		X	X	x	
Sheet no. <u>169</u> of <u>340</u> sheets attached to Schedule of	f			Sub	tota	<u>L</u>	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total o				0.00

In re	John Henry Schneider		Case No	14-61357	
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CREDITOR'S NAME,	CODEBTOR	ı	sband, Wife, Joint, or Community	CO	N				
MAILING ADDRESS	l P	Н	DATE CLAIM WAS INCURRED AND	N T I	ľ	S P U T E C			
INCLUDING ZIP CODE,	B	W	CONSIDERATION FOR CLAIM. IF CLAIM	Ţ.	Q	Į	l mornim of drain.		
AND ACCOUNT NUMBER	0	C	IS SUBJECT TO SETOFF, SO STATE.	N G	l۲	ľ	AMOUNT OF CLAIM		
(See instructions above.)	Ř			N G E N	D	Ī			
Account No.			Possible medical negligence claim	Ť	UZLIQUIDATED				
Kahi Cmith					۲	╁	+		
Kebi Smith				l,	_x	L	,		
76 State Hwy 59 N		-		^	۱^	1′			
Olive, MT 59343									
							0.00		
Account No.			Possible medical negligence claim			t			
Kaith Danniar									
Keith Denzler				l,	x	L			
1971 Pima Drive		-		^	^	ľ	1		
Sheridan, WY 82801						l			
							0.00		
Account No.	_	\vdash	Possible medical negligence claim	H	\vdash	╁	-		
	1					l			
Keith Heftved					l	l			
PO Box 2541		-		X	Ιx	b	(
Colstrip, MT 59323					l	l			
() () () () () () () () () ()						l			
							0.00		
Account No.		T	Possible medical negligence claim		Г	t			
Keith Kucera				L	IJ	L			
615 Idaho Street		-		×	x	1			
Lewistown, MT 59457						l			
						l			
						l	0.00		
Account No.			Possible medical negligence claim						
Keith Lowham									
		L		l _v	x	L			
457 E Madison St		Ī		 ^	<u>۱</u> ^	ľ	`		
Powell, WY 82435									
						l			
							0.00		
Sheet no. <u>170</u> of <u>340</u> sheets attached to Schedule of				Subi	tota	ıl			
Creditors Holding Unsecured Nonpriority Claims							0.00		
Creditors Holding Unsecured Nonpriority Claims (Total of this page)									

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

<u></u>	1.0	1	unkand Wife Islant on Occasionality	10		Ь	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	J C	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		UNLLQULDATED	DISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim	'	Ė	l	
Keith Saunders PO Box 753 Cowley, WY 82420		-		х	Х	T	
Account No.	╀	1	Possible medical negligence claim				0.00
Kelley Mchoes 1113 Bleistein Ave Cody, WY 82414		_	Possible medical negligence claim	x	x	×	0.00
Account No.	╁	\dagger	Possible medical negligence claim	+	\vdash	t	
Kelli Martin 26 Ranch Lane Cody, WY 82414		-		x	x	×	0.00
Account No.	╁	+	Possible medical negligence claim		\vdash	H	
Kelly Arnett 340 2nd Ave North Greybull, WY 82426		-		x	x	×	0.00
Account No.	+	+	Possible medical negligence claim		\vdash	\vdash	
Kelly Bolken 46 La Paloma Dana Point, CA 92629-3128		_		×	x	×	0.00
	┸		<u> </u>		<u></u>	Ļ	0.00
Sheet no. <u>171</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	_	_			_	_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H H	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLLQULDA.	DISPUTED	AMOUNT OF CLAIM
Account No.		l	Possible medical negligence claim	Т	E		
Kelly Bowen 731 Ponderosa Drive Sheridan, WY 82801		-		X	X	T	1
Account No.	┢	H	Possible medical negligence claim		╁	+	0.00
Kelly Fleming 605 Road 11 Powell, WY 82435		-		x	×	x	0.00
Account No.	┢	+	Possible medical negligence claim		+	+	
Kelly Kuntz 2703 Atchison Dr Laurel, MT 59044		-		×	×	X	0.00
Account No.	┢	t	Possible medical negligence claim		t	t	
Kelly McArthur PO Box 1137 Colstrip, MT 59323		-		x	×	x	0.00
Account No.		H	Possible medical negligence claim		+	$\frac{1}{1}$	
Kelly Muller 254 North Division Cowley, WY 82420		-		X	x	x	
	_				L	Ļ	0.00
Sheet no. <u>172</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

GDED WORK NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M		COXF_XGEXF	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
110000000000000000000000000000000000000	ł	l	l costate medical negligenes claim		b	L	
Kelly Rogers 19 Beartooth Drive W Columbus, MT 59019		-		x	x	×	
							0.00
Account No.			Possible medical negligence claim				
Kelly Yarnall 209 4th Street SW Park City, MT 59063		-		x	x	×	
							0.00
Account No.	T	T	Possible medical negligence claim	T	T	T	
Ken Dewitt 607 West Loucks Sheridan, WY 82801		-		x	x	×	
							0.00
Account No.		Γ	Possible medical negligence claim		Γ	Γ	
Ken Dierking 105 Cottonwood Lane Gillette, WY 82718		-		x	x	×	
					L		0.00
Account No.			Notice only				
Ken Frazier PO Box 2558 Billings, MT 59103		-					
							0.00
Sheet no173_ of _340_ sheets attached to Schedule of		1_	<u></u>	Sub	L tots	<u>L</u>	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C A H	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDATE	I S P U T E D	AMOUNT OF CLAIM
	ł		g.g		Ď	L	
Ken Seiloff 1415 Holly Street Casper, WY 82604		-			×	1	(
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Kendra Canen PO Box 22 Hinsdale, MT 59241		-		x	x	×	(
							0.00
Account No.		T	Possible medical negligence claim	T	T	T	
Kenneth Clay PO Box 268 Hysham, MT 59038		-		x	x	×	C
							0.00
Account No.			Possible medical negligence claim				
Kenneth Dvorak 122 Foster Lane Billings, MT 59101		-		x	x	×	C
Account No.			Possible medical negligence claim		_	L	0.00
Account 110.	1		1 ossible medical negligence dalin				
Kenneth Johannes PO Box 235 Worden, MT 59088		-		x	x	×	
							0.00
Sheet no174_ of _340_ sheets attached to Schedule of		_	1	Sub	tots	<u>L</u>	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITODIC NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	J C	DATE CLAIM WAS INCURRED AND	ONTINGENT	L	DISPUTED	AMOUNT OF CLAIM
Kenneth Nicholson Po Box 181 Burlington, WY 82411		-		X	T	X	
Account No.	_		Possible medical negligence claim		_	_	0.00
Kenneth Northam 470 Greenspring Place Billings, MT 59102		-		X	X	x	0.00
Account No.	┝	+	Possible medical negligence claim	+	+	+	0.00
Kenneth Quaschnik 336 Riverview 7 West Great Falls, MT 59404		-		X	X	x	0.00
Account No.	┢	t	Possible medical negligence claim	+	t	+	0.00
Kenneth Shook 3800 Hidden Valley Road Gillette, WY 82718		-		X	X	x	0.00
Account No.	╁	ŀ	Possible medical negligence claim	+	+	\perp	0.00
Kenneth Verran PO Box 531 Lovell, WY 82431		-		x	X	x	
							0.00
Sheet no. <u>175</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	•		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	COZH-ZGEZH	NLIQUIDATED	I S P UT E D	AMOUNT OF CLAIM
Account No.	ł	l	Todalble medical negligence dalim		D		
Kenneth Zylstra 2951 Whitewood Rd Sturgis, SD 57785		-		X	x	×	
							0.00
Account No.			Possible medical negligence claim				
Kent Montgomery 1265 Cartersville Rd Rosebud, MT 59347		-		X	x	×	(
							0.00
Account No.	T	T	Possible medical negligence claim		T	t	
Kent Ostrem 1838 Elaine Street Billings, MT 59105		-		x	x	×	(
							0.00
Account No.		Γ	Possible medical negligence claim			T	
Keri Griffith 165 Coal Train Road Gillette, WY 82718		-		x	x	×	(
Account No			Descible medical regligence daim	-		L	0.00
Account No.	\mathbf{I}		Possible medical negligence claim				
Keri Kiesser 203 S 32nd Street Billings, MT 59101		-		X	x	×	
							0.00
Sheet no176_ of _340_ sheets attached to Schedule of		L		Sub	L tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

Г	I.c.	L.,.	sband, Wife, Joint, or Community	10		D	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDA	SPUTED	AMOUNT OF CLAIM
Account No.			Notice only - attorney for Wyoming Board of	Т	DATED		
Kevin Bohnenblust P. O. Box 2143 Cheyenne, WY 82003-5142		-	Medicine		D		0.00
Account No.	╁	\vdash	Possible medical negligence claim			\vdash	
Kevin Bruce 7 N Whitehorse Rd N Laurel, MT 59044		-		Х	x	X	
	L				L	L	0.00
Account No. Kevin Garner PO Box 823 Sheridan, WY 82801		-	Possible medical negligence claim	x	x	x	0.00
Account No.	╁		Possible medical negligence claim			\vdash	
Kevin Kosmann 3378 Barley Circle Billings, MT 59102		-		X	x	x	
Account No.	╁		Possible medical negligence claim		_	\vdash	0.00
Kevin Manwaring PO Box 635 Vernal, UT 84078		-		x	x	x	
							0.00
Sheet no. <u>177</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	•		(Total of t	Subt			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

I c	Г	ahand Wife leist or Community	10	111	Г	1
ODEBTOR	LIG H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	NL QU L DA	SPUTED	AMOUNT OF CLAIM
1		Possible medical negligence claim	T	E		
	-		X	Г	х	
						0.00
-		Possible medical negligence claim				
	-		X	×	×	
						0.00
	T	Possible medical negligence claim		r	T	
	-		x	x	x	
L	L				L	0.00
-		Possible medical negligence claim				
	-		x	x	×	
L	L	Describle medical parliagnes alaim				0.00
1		rossible medical negligence claim				
	-		X	x	x	
						0.00
_	_					0.00
	СООДШВТОК	HWJC -	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Subtota	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X X X X X X

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	1.	1	L LUIZ Li L Q	10	1	L	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C C		C O N T I N G E N T	L	DISPUTED	AMOUNT OF CLAIM
Kim Fulton 602 15th Street West Billings, MT 59102		-		X	X	T	
Account No.		┞	Possible medical negligence claim		_	_	0.00
Kim Guesanburu PO Box 272 Harlowton, MT 59036		_	Tossible medical negligence diami	x	X	x	0.00
Account No.	╁	t	Possible medical negligence claim		t	t	
Kimberley Buckel 2287 Hwy E 5 Billings, MT 59101		-		x	X	x	0.00
Account No.	╁	+	Possible medical negligence claim	+	H	H	
Kimberly Bieske 8300 Sheridan Blvd Apr 24H Arvada, CO 80003		-		x	X	x	0.00
Account No.	┢	\vdash	Possible medical negligence claim		H		0.00
Kimberly Egge 1302 13th Ave W Williston, ND 58801		-		x	X	x	
Sheet no179_ of _340_ sheets attached to Schedule of	_			Sub	teta	<u></u>	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total o				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CREDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C N H	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
Account 100.	ł		1 ossible medical negligence dalim		E D		
Kimberly Granzer 2 Camillia Court Gillette, WY 82716		-			x	l	
							0.00
Account No.			Possible medical negligence claim				
Kimberly Miller 3 Wagonmaster Place Gillette, WY 82717		-		X	x	×	
							0.00
Account No.	T	T	Possible medical negligence claim		T	T	
Kimberly Stewart 417 Coombs Flat Road Molt, MT 59057		-		x	x	×	
							0.00
Account No.		Γ	Possible medical negligence claim		Γ	Γ	
Kirk Wood 3300 McGee Avenue Gillette, WY 82716		-		x	x	×	:
Account No.	-	-	Possible medical negligence claim	_	L		0.00
Account No.	ł		1 ossible medical negligence claim				
Koby Murray 3954 Parkhill Billings, MT 59102		-		X	x	×	
							0.00
Sheet no180 of _340 sheets attached to Schedule of			1	Sub	l tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Ic	Luc	sband, Wife, Joint, or Community	10	111	D	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	UNLLQULDA	SPUTED	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	T	DATED		
Kreg Lombard 623 South 6th Street Worland, WY 82401		-		X	Х	х	
							0.00
Account No.	4		Possible medical negligence claim				
Kristen Kenney PO Box 419 Joliet, MT 59041-0419		-		Х	×	x	
							0.00
Account No.		T	Possible medical negligence claim	T	T	T	
Kristen Munger 1150 Yorktown Billings, MT 59105		-		x	x	x	
							0.00
Account No.	4		Possible medical negligence claim				
Kristi Wilson 3317 Lynn Ave Billings, MT 59102		-		х	Х	X	
	_						0.00
Account No.	+		Possible medical negligence claim				
Kristin Mackney 3136 Buttercup Dr. Billings, MT 59102		-		x	x	x	
							0.00
Sheet no. <u>181</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f	<u>' </u>	(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

<u></u>	Τc	Ι ω	sband, Wife, Joint, or Community	1	111	D	Ι
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLAGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim	T	E		
Kristina Shields 5900 Antelope Valley St Gillette, WY 82718		-		X	Г	х	
							0.00
Account No.	4		Possible medical negligence claim				
Kristine Kasemodel 4301 Dakota St Gillette, WY 82718		-		X	x	X	
							0.00
Account No.		T	Possible medical negligence claim		Г	Г	
Kristopher Kunz 197 Diamond Basin Road Cody, WY 82414		-		X	x	x	
							0.00
Account No.			Possible medical negligence claim				
Kyle Stenberg PO Box 561 Big Timber, MT 59011		-		x	x	X	
							0.00
Account No.	+		Possible medical negligence claim				
Kylie Jimmerson 1104 Truck By Pass Lewistown, MT 59457		-		X	x	x	
							0.00
Sheet no. <u>182</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	<u>-</u>	_	(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

GDED WORK VALUE	С	Тн	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.	4	ı	Possible medical negligence claim		Ė		
L T Fury PO Box 1267 Thermopolis, WY 82443		-				х	
Account No.	+	+	Possible medical negligence claim	+	┞		0.00
Ladonna Cope PO Box 691 Colstrip, MT 59323		-	. Sociale medical negligorioc didini	X	X	x	0.00
Account No.	╅	+	Possible medical negligence claim	+	╁	\vdash	
Lance Brown 248800 Taft Street Los Molinos, CA 96055		_		X	x	x	0.00
Account No.	+	+	Possible medical negligence claim	\dagger	t	H	
Lance Koltes 2306 Big Horn Ave Cody, WY 82414		-		X	X	x	0.00
Account No.	+	+	Possible medical negligence claim	+	+		0.00
Lanny Icenogle 613 Lake Access Loop Saco, MT 59261		-		x	x	x	
					\perp	\perp	0.00
Sheet no. <u>183</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim		E		
Larry Dye 3325 Big Horn Avenue Cody, WY 82414		-		X	Х	х	0.00
Account No.	t		Notice only				0.00
Larry Heiser Western Gage CPA 115 N 9th St Worland, WY 82401		-					
							0.00
Account No.			Possible medical negligence claim				
Larry Lorfing 307 7th Avenue Laurel, MT 59044		-		X	X	x	
Account No.	╀		Possible medical negligence claim				0.00
Larry Pattison 5025 Lewies Way Shepherd, MT 59079-4308		-		x	x	x	0.00
Account No.	$^{+}$	\vdash	Possible medical negligence claim		\vdash		5.55
Larry Pettengill 1798 Dutchers Spring Trail Powell, WY 82435		-		×	X	x	
							0.00
Sheet no. <u>184</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

ODEDITODIO NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	L	DISPUTED	AMOUNT OF CLAIM
Larry Rau 1828 Cartersville Rd Rosebud, MT 59347		-		×	T	X	
Account No.		L	Possible medical negligence claim		_		0.00
Larry Small 1149 29th St Cody, WY 82414		-		x	X	x	0.00
Account No.	┝	ł	Possible medical negligence claim	+	+	+	0.00
Larry Walker 2838 Baker Dr Cody, WY 82414		-		x	X	x	0.00
Account No.		ł	Possible medical negligence claim		t	\perp	0.00
Larry Wilkerson 680 Covered Wagon Rd Helena, MT 59602		-		X	X	x	0.00
Account No.	┢	ŀ	Possible medical negligence claim		+	\perp	0.00
Lars Ericson 4635 Mcilhattan Rd Bozeman, MT 59715		-		X	X	X	
							0.00
Sheet no. <u>185</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	10	1			1	<u> </u>	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H W		CONTLNGENT	I O	DISPUTED	AMOUNT OF CLAIM
Laura Larocco 161 Barnes Road Belgrade, MT 59714		-		X	Х	T	
Account No.		_	Possible medical negligence claim	+			0.00
Laura Wintringham 2632 Holler Ave Cody, WY 82414		_		X	x	x	0.00
Account No.	┝	+	Notice only	+	\vdash		
Laurence Stinson 1421 Rumsey Ave Cody, WY 82414		_					0.00
Account No.	┢	H	Possible medical negligence claim	+	╁		
Laurie Timmerman 2301 Hamberg Lane Billings, MT 59106		-		X	x	x	0.00
Account No.	\vdash	H	Possible medical negligence claim	+	\vdash		
Lauryn Cooper 206 E Flying Circle Drive Gillette, WY 82716		-		x	x	x	0.00
Shoot no. 100 of 240 shoots attached to Sale-July-	_			C 1-	tot		0.00
Sheet no. <u>186</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITORIO MAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NL I QU I DAT	I S P UT E D	AMOUNT OF CLAIM
Account No.		l	1 ossible medical negligence claim		E		
Lavon Taylor 601 Birch Street Buffalo, WY 82834		-			х	1	
							0.00
Account No.			Possible medical negligence claim				
Lavonda Schaffert 2635 Beaver Creek Road Shell, WY 82441		-		x	x	x	
							0.00
Account No.	Г	T	Possible medical negligence claim	t	T	T	
Lawrence Heick 12408 59th Street SW New England, ND 58647		-		X	x	X	
							0.00
Account No.			Possible medical negligence claim				
Layne Reynolds 4924 Blue Creek Rd Billings, MT 59101		-		X	x	×	<u> </u>
							0.00
Account No.			Possible medical negligence claim				
Leah Andren 196 Diamond Basin Rd Cody, WY 82414		-		x	×	×	
							0.00
Sheet no. <u>187</u> of <u>340</u> sheets attached to Schedule of		_	1	Sub	L tota	<u>L</u>	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITODIC NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	DATE CLAIM WAS INCUIDED AND	ONT INGENT	L	DISPUTED	AMOUNT OF CLAIM
Lee Ann Williams 723 Hwy 10 Columbus, MT 59019		-		×	T	x	
		L			\perp		0.00
Account No. Lee Harris Box 939 Lame Deer, MT 59043		_	Possible medical negligence claim	×	X	X	0.00
Account No.	T	T	Possible medical negligence claim		t	T	
Lee Hohnhorst 31 Road 1 BG Powell, WY 82435-8110		_		x	x	x	0.00
Account No.	┢	H	Possible medical negligence claim	+	+	+	
Leeson Alexander 430 N. Valentine St Valentine, NE 69201		_		X	X	x	0.00
Account No.	_	H	Possible medical negligence claim		+	+	
Leigh VanPelt PO Box 776 Cody, WY 82414		-		×	X	x	
							0.00
Sheet no. <u>188</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	-	_	(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	1.0	I	about Wife birt or Occasion	10		D	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim	T	E		
Lela Hall 207 W. Sunnyside Ave Bridger, MT 59014		-		x	Г	х	
							0.00
Account No.	ł		Possible medical negligence claim				
Leland Settell 2821 Rocky Road 9 Cody, WY 82414		-		x	×	×	
							0.00
Account No.	t	T	Possible medical negligence claim		Г	T	
Lenon Longacre PO Box 155 Colstrip, MT 59323		-		x	x	x	
						L	0.00
Account No.	ł		Possible medical negligence claim				
Leo Bingham 28 Buck Drive Moorcroft, WY 82721		-		x	x	x	
							0.00
Account No.	-		Possible medical negligence claim				
Leo DeCock 225 Hwy 39 Forsyth, MT 59327		-		x	x	×	
							0.00
Sheet no. <u>189</u> of <u>340</u> sheets attached to Schedule of				Subi			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	ınıs	pag	ge)	1

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITIONS MANGE	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT		ISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ē		
Leon Leiker 4009 Tabiano Road Gillette, WY 82716		-			Х	Х	
							0.00
Account No.	1		Possible medical negligence claim				
Leon Shipman 717 Palmer Miles City, MT 59301		-		X	Х	Х	
							0.00
Account No.		T	Possible medical negligence claim	\dagger	\vdash		
Leonard Fortunato 2717 Cowgill Rd Cody, WY 82414		-		x	х	х	
	L	L					0.00
Account No.	-		Possible medical negligence claim				
Leonard Heiss 114 Colburtson Worland, WY 82401		-		x	х	х	
Account No.	╀	L	Possible medical negligence claim				0.00
Leroy Anderson PO Box 1273 Malta, MT 59538		-	. SSSSS Meadan negligerioo olaim	x	х	x	
							0.00
Sheet no. <u>190</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		_	(Total of	Subt			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITODIC NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONT I NG ENT	L	DISPUTED	AMOUNT OF CLAIM
Leroy Karell 3435 Powderhorn Circle Billings, MT 59102		-		×	T	x	
Account No.	-	ŀ	Possible medical negligence claim		-	+	0.00
Leslee Brewer 3275 Ranger Dr Helena, MT 59602		-		x	×	x	0.00
Account No.	┢	+	Possible medical negligence claim	+	+	+	0.00
Lesley Mercill 6496 W 3200 S Rexburg, ID 83440-3905		-		X	X	x	0.00
Account No.	╁	t	Possible medical negligence claim		+	+	
Leslie Koster 14482 Sturgis Rd Piedmont, SD 57769		-		X	X	x	0.00
Account No.			Possible medical negligence claim		+	$\frac{1}{1}$	0.00
Leslie Leap 1537 Cochrane Ave Lewistown, MT 59457		-		X	X	x	
							0.00
Sheet no. <u>191</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITOR'S NAME	С	Н	lusband, Wife, Joint, or Community	С	U	D	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	J H	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDATE	I S P U T E D	AMOUNT OF CLAIM
	1	l	gigana alam		Ď	L	
Leslie Messer PO Box 134 Savage, MT 59262		-		X	x	x	
							0.00
Account No.		T	Possible medical negligence claim			T	
Leslie Yost PO Box 934 Laurel, MT 59044		-		x	X	x	
							0.00
Account No.		Γ	Possible medical negligence claim				
Letha Eaton PO Box 3042 Cody, WY 82414		-		X	x	x	
							0.00
Account No.		Ι	Possible medical negligence claim				
Levi Hallock 4910 S. Ash Casper, WY 82601		-		X	x	x	
Account No.	╀	_	Descible medical regligence eleim				0.00
Account No.	1		Possible medical negligence claim				
Levi Kono PO Box 204 Plevna, MT 59344		-		x	x	x	
							0.00
Sheet no192_ of _340_ sheets attached to Schedule of		L	1	Sub	tota	<u>L</u> 11	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	1	Ι ω.	usband, Wife, Joint, or Community	С	111	D	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C H M	DATE CLAIM WAS INCURRED AND	ONT INGENT	ONL-QU-DATED	SPUTED	AMOUNT OF CLAIM
Lewis Becker 2600 S 24th Rd Ballantine, MT 59006		-		X	Г	Х	
A (N			Describle and discharge linear ending				0.00
Account No. Lila Stark 2614 Mizpah Miles City, MT 59301		_	Possible medical negligence claim	x	x	x	0.00
Account No. Lillian and Thomas Ostendorf 424 Rd 557 Powderville, MT 59345		_	Possible medical negligence claim	x	x	x	0.00
Account No. Linda Cushingham 80842 A Street N Great Falls, MT 59406		_	Possible medical negligence claim	x	x	x	0.00
Account No. Linda Dailey PO Box 416 Key West, FL 33041-0416		-	Possible medical negligence claim	x	x	x	0.00
Sheet no. <u>193</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

16		aloned Wife Island on Occurrent	10		<u> </u>	i
O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	DNLLQULDA	DISPUTED	AMOUNT OF CLAIM
		Possible medical negligence claim	Т	E		
	-		X	Г	х	
						0.00
l		Possible medical negligence claim				
	-		X	x	×	
						0.00
T	T	Possible medical negligence claim	1	T	T	
	-		x	x	x	
						0.00
		Possible medical negligence claim				
	-		x	x	X	
						0.00
1		Possible medical negligence claim				
	-		х	x	x	
						0.00
_						0.00
	CODEBTOR	ODEBTOR -	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Subtota	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X X X X X X

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	16	1	ush and Wife Trial and Community		Lii	L	ı
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C H M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Linda Price 631 Wood Street Powell, WY 82435		-			Х	T	0.00
Account No. Linda Sawyer	1		Possible medical negligence claim	Y	X	Y	
2401 Midway Drive Phenix City, AL 36869						^	0.00
Account No. Linda Weeks 822 Rimrock Road Billings, MT 59102		-	Possible medical negligence claim	x	х	x	0.00
Account No. Linda Wolff-bowen PO Box 194 Forsyth, MT 59327		-	Possible medical negligence claim	X	x	x	
Account No. Lisa Demaniow PO Box 657 Colstrip, MT 59323		-	Possible medical negligence claim	X	x	X	0.00
Sheet no. <u>195</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(Total o	Sub f this			0.00

In re	John Henry Schneider		Case No	14-61357	
_		Debtor			

	Τc	Тн	usband, Wife, Joint, or Community	С	Ιυ	ΙD	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C N H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		NLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ė		
Lisa Hagel 709 Roundhouse Dr. Laurel, MT 59044		-			ı	х	
Account No.	+	+	Notice only - attorney for Harley Morrell	+			0.00
Lisa Hancock 2205 Taylor St Guntersville, AL 35976		-					0.00
Account No.	╅	+	Possible medical negligence claim	+	\vdash	+	
Lisa Meabon 17 Shoshone Dr Cody, WY 82414		-		X	x	x	0.00
Account No.	+	+	Possible medical negligence claim	\dagger	H	H	
Lisa Robertson 8 Taxi Drive Sheridan, WY 82801		-		X	x	x	0.00
Account No.	+	+	Possible medical negligence claim		\vdash		0.00
Lisa Torczon 115 North Colorado Casper, WY 82609		-		X	x	x	
							0.00
Sheet no. <u>196</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITODIS MAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NL I QU I DATI	I S P U T E D	AMOUNT OF CLAIM
Account 110.	┨		T cools to the dical mognigorites dialim		D		
Lisa Williams Box 884 Columbus, MT 59019		-			l	x	
		l					0.00
Account No.		T	Possible medical negligence claim				
Lloyd Lindvig PO Box 682 Glasgow, MT 59230		-		x	X	x	
		l					0.00
Account No.		T	Possible medical negligence claim	T		T	
Lois Dudik 7712 HWY 312 Billings, MT 59105		-		X	X	x	
		L				L	0.00
Account No.	4	l	Possible medical negligence claim				
Loren Lawhead PO Box 173 Fairview, MT 59221		-		X	X	x	
Account No.	1	-	Possible medical negligence claim				0.00
Account 110.	1		1. 033ible medical negligence ciaim				
Loren Sackman 822 23rd Street W Dickinson, ND 58601		-		X	x	x	
							0.00
Sheet no197_ of _340_ sheets attached to Schedule of			1	Sub	tota	<u>L</u>	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	Тс	Тн	usband, Wife, Joint, or Community	С	U	Īρ	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ė		
Loretta Horton 1331 Emerson Street Sheridan, WY 82801		-				х	
Account No.	+	╀	Possible medical negligence claim	+	-		0.00
Loretta Stemple 504 Ban Bramer Drive Billings, MT 59102		-	. Samuel magnigorios diami	X	X	x	0.00
Account No.	+	\perp	Possible medical negligence claim	+	╀	╀	0.00
Lori Birt 5000 Sunny Hill Dr Cheyenne, WY 82001		-	Tossible medical negligence dialin	X	X	x	0.00
Account No.	+	+	Possible medical negligence claim	+	t	H	
Lori Blaede PO Box 564 Ashland, MT 59003		-		X	X	x	0.00
Account No.	+	+	Possible medical negligence claim		\vdash		0.00
Lori Gjording 7690 Robin Drive Gillette, WY 82718		-		×	X	x	
							0.00
Sheet no. <u>198</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
_		Debtor			

	Тс	Тн	usband, Wife, Joint, or Community	С	Ιυ	ΙD	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C N H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ė		
Lori Hughes 108 Road 54 Ten Sleep, WY 82442		-				х	
Account No.	+	+	Possible medical negligence claim	-	┞	_	0.00
Lori Tamburo 534 N Gould St Sheridan, WY 82801		-	Tossible medical negligence claim	x	x	x	0.00
Account No.	╅	+	Possible medical negligence claim	+	╀	\vdash	
Lori Young PO Box 752 Gillette, WY 82717		-		X	X	x	0.00
Account No.	+	+	Possible medical negligence claim	+	H	H	
Lorianne Ellingrod 1023 Water Street Clearmont, WY 82835		-		X	X	x	0.00
Account No.	+	+	Possible medical negligence claim		\vdash		0.00
Louis Cardenas 741 South 6th Street Greybull, WY 82426		-		X	x	x	
							0.00
Sheet no. <u>199</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	10	1	had and Wife Island as Occasionity	10	L	L	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	H V J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	DALLQULDATED	DISPUTED	AMOUNT OF CLAIM
Louis Watkins 345 Lane 14 Powell, WY 82435		-			X	T	0.00
Account No.	+	$\frac{1}{1}$	Possible medical negligence claim				0.00
Louise Locke 8079 Us Hwy 212 Roberts, MT 59070		-		X	x	x	
							0.00
Account No. Louise Odde PO Box 68 Thermopolis, WY 82443		-	Possible medical negligence claim	X	x	x	0.00
Account No.	+	\dagger	Possible medical negligence claim			T	
Lowell Keller PO Box 143 Meeteetse, WY 82433		-		X	X	x	0.00
Account No.		\dagger	Possible medical negligence claim		+	\dagger	
Lucille Bley 55 Wildhorse Road Cody, WY 82414		-		X	X	X	0.00
Sheet no. 200 of 340 sheets attached to Schedule	of		1	Sub	<u>l</u> tota	<u>L</u> al	
Creditors Holding Unsecured Nonpriority Claims			(Total o				0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	_	_			_	_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	J C	CONSIDERATION FOR CLAIM. IF CLAIM	C O N T I N G E N T	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Luther Jensen PO Box 2662 Gillette, WY 82717		-			x	Τ	0.00
Account No.	+	t	Possible medical negligence claim		\perp	_	0.00
Lynda Decker 3910 Saunders Blvd Gillette, WY 82718		-		X	x	x	
	┸	L				L	0.00
Account No. Lynda Roberts 122 Sunset Rim Cody, WY 82414		-	Possible medical negligence claim	x	x	x	0.00
Account No.	†	t	Possible medical negligence claim		L	H	
Lynn and Ronald Wayne 56 Pierce Road Sheridan, WY 82801		-		x	x	x	0.00
Account No.	╁	t	Possible medical negligence claim		T		
Lynn Paulsen 146 S Bernard Street Powell, WY 82435		-		x	x	x	
	L				L	Ļ	0.00
Sheet no. <u>201</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CD CD PEOPLE MANGE	С	Тн	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	N L I QU I D A T	I S P U T E D	AMOUNT OF CLAIM
Account No.	1	l	1 ossible medical negligence claim		E		
Lynn Sanders 487 Hwy 10 E Big Timber, MT 59011		-			x	ı	
							0.00
Account No.		Γ	Possible medical negligence claim				
Lynne Fitzgerald 2 Vista View Lane Cody, WY 82414		-		X	x	x	
							0.00
Account No.	T	T	Possible medical negligence claim	T	T	T	
M Jeanne Dycus 31 Bennett Creek Rd Powell, WY 82435		-		x	x	x	
						L	0.00
Account No.	l		Possible medical negligence claim				
Mabel Applehans 306 S 3rd St East Riverton, WY 82501		-		X	x	x	
Account No.		L	Possible medical negligence claim				0.00
Account NO.	ł		Trossible medical negligence cialin				
Madeleine Finwall 27 Roundup Drive Billings, MT 59102		-		X	x	x	
							0.00
Sheet no. 202 of 340 sheets attached to Schedule of			1	Sub	tots	L ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITORIS MAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
recount 10.	ł	l	T coolsie medical negligenee dialini		D		
Mahlon Blough 652 Sawtooth St Powell, WY 82435		-		Х	x	×	
							0.00
Account No.			Possible medical negligence claim			T	
Maldon Brown 718 Tatro Street Miles City, MT 59301		-		X	x	×	
							0.00
Account No.	T	T	Possible medical negligence claim		T	T	
Malvena Nott PO Box 272 Bridger, MT 59014		-		x	x	×	
							0.00
Account No.		Γ	Possible medical negligence claim		Γ	Γ	
Marc Hansen 2964 Woods Edge Way Madison, WI 53711		-		x	x	×	<u> </u>
Account No.		L	Possible medical negligence claim		L	_	0.00
Account NO.	\mathbf{I}		Tossible medical negligence cialm				
Marc Stroud 1108 14th St PMB 402 Cody, WY 82414		-		X	x	×	
							0.00
Sheet no. 203 of 340 sheets attached to Schedule of			1	Sub	l tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	Tc	T	lusband, Wife, Joint, or Community	С	Ιυ	ΙD	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	l V J	DATE CLAIM WAS INCURRED AND CONSIDER ATTON FOR CLAIM. IF CLAIM	ONTINGENT	N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.	_		Possible medical negligence claim		Ė		
Marcella Knaub PO Box 348 Lodge Grass, MT 59050		-				х	
Account No.		+	Possible medical negligence claim	+	┞	_	0.00
Marcy Stinnett 31 Ross Road Cody, WY 82414		-		x	x	x	0.00
Account No.	4	+	Possible medical negligence claim	+	╀	╀	0.00
Margaret Cardenas 741 South 6th Greybull, WY 82426		-	T ossible medical negligence cialin	X	x	x	0.00
Account No.	+	+	Possible medical negligence claim		t		0.00
Margaret Scheschy 2420 4th Avenue South Great Falls, MT 59405		-		X	X	x	
Account No.	\dashv	+	Possible medical negligence claim		\vdash		0.00
Margery Gaab PO Box 534 Park City, MT 59063		-		x	x	x	
		\perp			\perp	\perp	0.00
Sheet no. <u>204</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	16	1	ush and Wife Islant on Occasionity	10	Lii	L	ı
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C A H	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Maria Olvera 321 South 7th Street Worland, WY 82401		-			Х		0.00
Account No. Maria Streitmatter			Possible medical negligence claim		X	V	
601 South Custer Miles City, MT 59301				^		^	0.00
Account No. Marian Armstrong 507 8th Street Cody, WY 82414		-	Possible medical negligence claim	x	x	x	0.00
Account No.	+	+	Possible medical negligence claim		\vdash	\vdash	0.00
Marianne Flores 801 Outlook Court Cody, WY 82414		-		x	x	x	0.00
Account No.	†	\dagger	Possible medical negligence claim		\vdash	\vdash	0.00
Marie Bertino PO Box 50462 Billings, MT 59101		-		X	X	x	
							0.00
Sheet no. <u>205</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(Total o	Sub f this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CREDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
Tiecount 110.	ł	l	Toolisia maalaa magiiganaa alaiin		D		
Marie Besel 115 6th Ave Laurel, MT 59044		-			x	1	
							0.00
Account No.		T	Possible medical negligence claim			T	
Marie Sekora 4001 Bell Ave Billings, MT 59106		-		x	x	X	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Marietta Rudio 9220 Rudio Lane Billings, MT 59101		-		x	x	×	:
							0.00
Account No.		Γ	Possible medical negligence claim				
Marika Aldrete 1320 Parker Ave Sheridan, WY 82801		-		x	x	x	(
Account No.		ļ	Possible medical negligence claim			ļ	0.00
Marilyn Haas PO Box 961 Powell, WY 82435		-		×	x	×	
							0.00
Sheet no. 206 of 340 sheets attached to Schedule of				Sub	tota	ıl	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDATE	I S P U T E D	AMOUNT OF CLAIM
	1		3 3 2 2 2 2	L	Б	L	
Marilyn Harder 1053 Lane 11 1/2 Powell, WY 82435		-		x	×	×	
							0.00
Account No.		T	Possible medical negligence claim	T	T	T	
Marilyn Hesco PO Box 67 Greybull, WY 82426		-		x	X	×	
							0.00
Account No.		T	Possible medical negligence claim			T	
Marilyn Weaver 35 Arrowhead Cody, WY 82414		-		x	X	×	:
							0.00
Account No.		Γ	Possible medical negligence claim			Γ	
Marjorie Dozier 1809 Mountain View Drive Cody, WY 82414		-		X	x	×	<u> </u>
A AN	_		Describle we discharge discourse delice			L	0.00
Account No.	\mathbf{I}		Possible medical negligence claim				
Marjorie Greet 816 South 16th Worland, WY 82401		-		х	x	×	
							0.00
Sheet no. 207 of 340 sheets attached to Schedule of	_	L	1	Sub	<u>l</u> tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	L	DISPUTED	AMOUNT OF CLAIM
Marjorie Herman 610 N 12th Ave Forsyth, MT 59327		-		×	T	X	
Account No.		ŀ	Possible medical negligence claim		-	_	0.00
Mark Debourg 251 Annandale Rd Billings, MT 59105		-		x	×	x	0.00
Account No.	┝	+	Possible medical negligence claim	+	+	+	0.00
Mark Hance 3544 St Johns Billings, MT 59102		-		X	×	x	0.00
Account No.	\vdash	H	Possible medical negligence claim	+	+	+	0.00
Mark Keyes 16 Campbell Dr Billings, MT 59102		-		X	X	X	0.00
Account No.	\vdash	ŀ	Possible medical negligence claim	+	+	+	0.00
Mark Kitchen 717 Green Field Drive Powell, WY 82435		-		X	X	X	
	L						0.00
Sheet no. <u>208</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	I c	Luc	sband, Wife, Joint, or Community	10	111	D	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim	T	E		
Mark Lawler 728 Starlight Dr Billings, MT 59101		-		X	Х	х	
Account No.			Possible medical negligence claim				0.00
Mark Meyer 2851 Lane 42 Basin, WY 82410		-	Possible medical negligence cialm	X	x	x	0.00
Account No.	t	H	Possible medical negligence claim	+	H	\vdash	
Mark Murnion PO Box 817 Roundup, MT 59072		-		X	x	x	0.00
Account No.	l	\vdash	Possible medical negligence claim	+			0.00
Mark Rioux H8 Rolling Hills Road Red Lodge, MT 59068		-		X	x	x	
Account No.		\vdash	Possible medical negligence claim				0.00
Marlene Klemp PO Box 337 Ashland, MT 59003		-		X	x	x	
							0.00
Sheet no. <u>209</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	J C	ONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NL QU L DATE	I S P U T E D	AMOUNT OF CLAIM
11000 1101	1		l coole in caroai negingones cianni		Ď	L	
Marlene Sanders 1331 Alpine Avenue Cody, WY 82414		-			l	x	
		l					0.00
Account No.		T	Possible medical negligence claim				
Martha Carey PO Box 369 Ten Sleep, WY 82442		-		x	X	x	
							0.00
Account No.		T	Possible medical negligence claim				
Martha Fenter 103 Stillwater Lane Billings, MT 59105		-		x	X	x	
							0.00
Account No.		T	Possible medical negligence claim				
Martha Hawley 2611 Cougar Ave Cody, WY 82414		-		x	X	x	
Account No.	╀	_	Possible medical negligence claim	_		L	0.00
Account NO.	1		11 OSSIDIE MEGICAI NEGIIGENCE CIAIM				
Martha Rindfleisch PO Box 2446 Cody, WY 82414		-		X	x	x	
							0.00
Sheet no210_ of _340_ sheets attached to Schedule of			1	Sub	tota	<u>L</u> 11	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	Ic	Τμ	lusband, Wife, Joint, or Community	С	Ιυ	Гр	Ī
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	y J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		NLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.	-	ı	Possible medical negligence claim		Ė		
Martin Summers 1180 Road 4 Powell, WY 82435		-			l	х	
Account No.	4	╀	Possible medical negligence claim		_		0.00
Martin Waddingham 1426 Teton Ave Billings, MT 59102		-	Todaya negigenee daini	x	x	x	0.00
Account No.	+	+	Possible medical negligence claim	+	┡	┞	0.00
Martin Wendland PO Box 26 Rudyard, MT 59540		-	1 ossible medical negligence dialin	x	x	x	0.00
Account No.	+	+	Possible medical negligence claim		H	H	0.00
Marty Phillips PO Box 623 Columbus, MT 59019-0623		-		X	x	x	0.00
Account No.	\dashv	+	Possible medical negligence claim	+	H		0.00
Marty Skinn 3912 Swallow Lane Billings, MT 59102		-		X	x	x	
							0.00
Sheet no. <u>211</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	10	1	unhand Wife Isint or Community	10	Lii	Ь	I
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C H	CONSIDERATION FOR CLAIM. IF CLAIM	C O N T I N G E N T	O N L L Q U L D A T E D	DISPUTED	AMOUNT OF CLAIM
Marvin Jones PO Box 1140 Malta, MT 59538		-			Х	T	0.00
Account No.			Possible medical negligence claim				0.00
Marvin Pettet Jr 938 19th Street Unit 51 Cody, WY 82414		-		x	x	x	
							0.00
Account No. Mary Beth Lunt 517 2nd Ave North Greybull, WY 82426		-	Possible medical negligence claim	x	x	x	0.00
Account No.		t	Possible medical negligence claim		H		
Mary Birac 519 Glen Drive Billings, MT 59102		-		x	x	x	0.00
Account No.	_	\dagger	Possible medical negligence claim		\vdash		
Mary Castro PO Box 92 Wyola, MT 59089		-		x	x	x	0.00
Sheet no212_ of _340_ sheets attached to Schedule	of		1	Sub	 tota	<u> </u> .1	
Creditors Holding Unsecured Nonpriority Claims			(Total o				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	10	1			1	L	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	H W J C		CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Mary Cerovski 1108 N. 24th St Billings, MT 59101		-			X	ı	0.00
Account No.			Possible medical negligence claim	+			0.00
Mary DeLeon 2208 24th St W Billings, MT 59102		-		×	x	×	
							0.00
Account No. Mary Ellen Spackman 137 W Parrot Creek Rd Roundup, MT 59072		-	Possible medical negligence claim	×	X	x	0.00
Account No.		t	Possible medical negligence claim	\dagger	T	t	
Mary Evans 1440 Lynn Ave Apt 3 Billings, MT 59102		-		X	x	x	0.00
Account No.		\vdash	Possible medical negligence claim	+	$\frac{1}{1}$		0.00
Mary Evans 9814 Shepherd Rd Shepherd, MT 59079		-		x	x	x	
Sheet no. 213 of 340 sheets attached to Schedule of	_			Sub	tots	1	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total o				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

	С	Hu	sband, Wife, Joint, or Community	С	Īυ	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim	ONT I NGENT	ΙĖ	SPUTED	AMOUNT OF CLAIM
Mary Femling 3075 Avenue C Billings, MT 59102-8102		-		×	D X	х	
Account No.	-		Possible medical negligence claim				0.00
Mary Griffith 825 Woodland Rd Columbia Falls, MT 59912		-		X	x	×	
							0.00
Account No. Mary Jane See 474 Road 11 Powell, WY 82435		_	Possible medical negligence claim	×	x	x	0.00
Account No.	\dagger		Possible medical negligence claim		$\frac{1}{1}$	H	
Mary Kelley 1103 Christinck Ave Gillette, WY 82718		_		×	x	x	0.00
Account No.	┢		Possible medical negligence claim		<u> </u>		0.00
Mary Landeis 4004 Carter Mt Dr Cody, WY 82414		-		×	x	x	
Sheet no. 214 of 340 sheets attached to Schedule of				Sub	tota	<u> </u>	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	UNLL QULDAL	DISPUTED	AMOUNT OF CLAIM
Account No.	ł		Possible medical negligence claim	ľ	Ė		
Mary Lou Mcdonald PO Box 997 Cody, WY 82414		-		X	X	x	K
							0.00
Account No.			Possible medical negligence claim				
Mary Mahar 1116 10th Street West Williston, ND 58801		-		x	x	x	×
							0.00
Account No.	T	T	Possible medical negligence claim		T	T	
Mary Middleton PO Box 172 Powell, WY 82435		-		x	X	x	×
							0.00
Account No.	T	T	Possible medical negligence claim	\dagger	t	T	
Mary Schaff 1610 Bison Drive Williston, ND 58801		-		x	X	x	K
							0.00
Account No.	-		Possible medical negligence claim				
Mary Sharp Murillo PO Box 195 Worland, WY 82401		-		x	x	x	K
							0.00
Sheet no. <u>215</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		_	(Total of	Sub			0.00
Creditors froming Onsecured Homphority Claims			(Total of	uns	Pas	50)	′

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDATE	I S P U T E D	AMOUNT OF CLAIM
	1		The second secon		b	L	
Mary Sowell 845 N 6th St No 2 Lander, WY 82520		-			x	1	
							0.00
Account No.		T	Possible medical negligence claim			T	
Mary Wilkinson 1203 Lake Elmo Drive Billings, MT 59105		-		x	x	x	
							0.00
Account No.		T	Possible medical negligence claim	T	T	T	
Maryann Liles 43 Balsam Miles City, MT 59301		-		x	x	X	
							0.00
Account No.		Γ	Possible medical negligence claim				
Maryann Smith 525 South 5th Street Greybull, WY 82426		-		x	x	x	
Account No.	-	ļ	Possible medical negligence claim			ļ	0.00
Maryna Laughlin 714 Henry Road Powell, WY 82435		-		x	x	×	
							0.00
Sheet no. <u>216</u> of <u>340</u> sheets attached to Schedule of	_			Sub	tota	ıl al	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	1.	_			1		i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H W	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Matt Beery 503 MT Highway 254 Vida, MT 59274		-			Х	T	0.00
Account No. Matthew Allen			Possible medical negligence claim		_	_	
203 Lenore Lane Boulder, MT 59632		-		*	X	X	0.00
Account No.	Ī	T	Possible medical negligence claim				
Matthew Beatty 1611 26th St. Apt 8 Cody, WY 82414-9261		-		x	x	x	
Account No.	╀	ļ	Possible medical negligence claim	_			0.00
Matthew Elliott 1080 Springhill Road Powell, WY 82435		-		x	x	x	0.00
Account No.	╁	t	Possible medical negligence claim		\vdash	\vdash	0.00
Matthew Heath 3916 Tory Lane Gillette, WY 82718		-		x	x	x	
							0.00
Sheet no. <u>217</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITODIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J W	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAF	I S P U T E D	AMOUNT OF CLAIM
110000000000000000000000000000000000000	1		l coole in caroai negingones ciaimi	L	b	L	
Matthew Hutchins 1109 7th Avenue Laurel, MT 59044		-			x	1	
		l					0.00
Account No.		Ī	Possible medical negligence claim				
Matthew Lindstrom 327 E 6th Street Sheridan, WY 82801		-		x	x	x	
		l					0.00
Account No.		T	Possible medical negligence claim		T	T	
Matthew Mckinney PO Box 587 Broadus, MT 59317-0567		-		X	x	x	
		l					0.00
Account No.		T	Possible medical negligence claim			T	
Maura Holzerland 1506 Spaulding Sheridan, WY 82801		-		×	x	x	
Account No.	-		Possible medical negligence claim		L	\perp	0.00
Maurice Wagner Jr 720 E Jefferson St Powell, WY 82435		-	. Social modical negligorios sidim	x	x	x	
							0.00
Sheet no218 of _340 sheets attached to Schedule of			1	Sub	L tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Max Lucas 45 Queens Blvd Powell, WY 82435		-			X	T	0.00
Account No.	╁		Possible medical negligence claim				0.00
Megan Reed PO Box 884 Lame Deer, MT 59043		-		X	x	×	
							0.00
Account No. Megan Stanislaw 1047 North Main St Sheridan, WY 82801		-	Possible medical negligence claim	X	X	×	0.00
Account No.	t	t	Possible medical negligence claim	+	t	T	0.00
Melanie Frame 16 S Strevell Ave Miles City, MT 59301		-		X	X	×	0.00
Account No.	╁		Possible medical negligence claim	+	H	+	0.00
Melanie Lau 2320 Steadman St Cody, WY 82414		-		X	X	x	
							0.00
Sheet no. <u>219</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H W	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDATE	I S P U T E D	AMOUNT OF CLAIM
	1				5	Ļ	
Melanie Lennon 751 Road 11 Powell, WY 82435		-		Х	x	×	
							0.00
Account No.		T	Possible medical negligence claim		r	t	
Melanie Matthews 179 Lane 9 1/2 Powell, WY 82435		-		x	x	×	
							0.00
Account No.		T	Possible medical negligence claim			T	
Melinda Romero 921 East Monroe St Powell, WY 82435		-		x	x	×	
							0.00
Account No.		T	Possible medical negligence claim			T	
Melissa Boos PO Box 248 Malta, MT 59538		-		X	x	×	
A (N	_		Describle and deal and linear section		L	L	0.00
Account No.	1		Possible medical negligence claim				
Melissa Kulbeck 1112 Denway Place Billings, MT 59105		-		X	x	×	
							0.00
Sheet no. 220 of 340 sheets attached to Schedule of		1		Sub	l tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Τc	Tı	usband, Wife, Joint, or Community	С	Τυ	D	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H V	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	I INGENT	N L I QU I DAT	SPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ė		
Melody Harding HC 72 Box 945 Hysham, MT 59038		-			1	X	
Account No.	+	+	Possible medical negligence claim		╁	+	0.00
Melvin Krug 14 Dovetail Lane Columbus, MT 59019		-		×	×	X	0.00
Account No.	+	+	Breach of contract arbitration claim		╀	╀	0.00
Meridian Surgical Partners MT 5141 Virginia Way, Suite 420 Nashville, TN 37201		-		×	×	X	3,000,000.00
Account No.		+	Claim included with Meridian Surgical Partners	-	+	+	0,000,000.00
Meridian Surgical Partners, LLC 5141 Virginia Way, Suite 420 Brentwood, TN 37027		-	MT -Notice only		×	X	0.00
Account No.	+	+	Possible medical negligence claim		+	+	0.00
Merland Ferris PO Box 84 Basin, WY 82410		-		×	X	X	
					\perp		0.00
Sheet no. <u>221</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Tota	Sub of this			3,000,000.00

In re	John Henry Schneider		Case No	14-61357	
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CREDITOR'S NAME,		Hu	sband, Wife, Joint, or Community	— °		lli		
MAILING ADDRESS	P	Н	DATE CLAIM WAS INCLIDED AND	N	<u> </u>	15	S P U I I I I I I I I I I I I I I I I I I	
INCLUDING ZIP CODE,	IБ	W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	H	Ι'n	ıΙί		
AND ACCOUNT NUMBER	Ţ	J	IS SUBJECT TO SETOFF, SO STATE.	N	Ų		Ī	AMOUNT OF CLAIM
(See instructions above.)	CODEBTOR	С	is subject to setore, so state.	E	' ¦	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	5	
Account No.	┢		Possible medical negligence claim	⊢ N T	UNLIGUIDATED		r	
	1				□	4		
Merlin Olson					1	ı		
928 Sylvan Crt		-		Х	d۶	(l)	Χĺ	
Powell, WY 82435					1	Т		
1 6W611, W1 62 166					1	ı		
						ı		0.00
Account No.	_	┝	Possible medical negligence claim	+	╀	+	+	
Account No.	ł		1 ossible medical negligence claim			ı		
Merri Beck								
		L		١ _٧	(b	, إ	νl	
PO Box 898		ľ		- ^	Ί′	Ί′	^	
Baker, MT 59313					1	ı		
					1	ı		
						ı		0.00
Account No.	T	T	Possible medical negligence claim		T	Ť	T	
	1					ı		
Merrill Ready					1	Т		
PO Box 125		-		ĺχ	d۶	(l)	χl	
Hudson, WY 82515					1	Т		
11003011, W1 02313					1	ı		
					1	ı		
					┸	⊥		0.00
Account No.			Possible medical negligence claim					
						ı		
Michael Abrams				Ι.	٨,	Α,		
417 North 3rd Street		-		X	$\langle \rangle$	4	×۱	
Greybull, WY 82426					1	ı		
					1	ı		
						ı		0.00
Account No.		\vdash	Possible medical negligence claim	+	+	+	\dagger	
	ĺ		0 0 1 1 1 1					
Michael Beyl								
18 Vinton Street	l	 -		X	$\langle \rangle$	$\langle 1 \rangle$	Χ	
Miles City, MT 59301	l	1			1		- [
11	l	1			1			
		1						0.00
	L	L		[0.00
Sheet no. <u>222</u> of <u>340</u> sheets attached to Schedule of				Sub	otot	al	T	
Creditors Holding Unsecured Nonpriority Claims			(Total o				٦	0.00
crossess from Charles from the Charles			(Total C		Pu	50	′ L	

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim		E		
Michael Blymyer 1789 Eaglenest Trail Powell, WY 82435		-				Х	
Account No.		+	Possible medical negligence claim		┞		0.00
Michael Carter 135 Cedar Ridge Thermopolis, WY 82443		-	. See See Medical Hogingorioo didiini	x	X	x	0.00
Account No.		╀	Possible medical negligence claim	+	╀	L	0.00
Michael Elmore PO Box 3908 Gillette, WY 82717		-	1 ossible medical negligence dialin	x	x	X	0.00
Account No.		t	Possible medical negligence claim	+	t		0.00
Michael Gibbens 24 Ptarmigan Drive Cody, WY 82414		-		x	X	x	
Account No.	\dashv	+	Possible medical negligence claim		\vdash	\vdash	0.00
Michael Green PO Box 28 Upton, WY 82730		-		x	X	X	
							0.00
Sheet no. <u>223</u> of <u>340</u> sheets attached to Schedul Creditors Holding Unsecured Nonpriority Claims	e of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	_	_			_	_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLLQULDAT	DISPUTED	AMOUNT OF CLAIM
Account No.	l	l	Possible medical negligence claim	'	Ė		
Michael Hill 1202 Garland St Miles City, MT 59301		-		X	X	T	1
Account No.	H	H	Possible medical negligence claim		<u> </u>	+	0.00
Michael Hunt 1232 Ave E Billings, MT 59102		-		X	x	x	0.00
Account No.	┝	╁	Possible medical negligence claim		╀	╀	0.00
Michael Lewis PO Box 186 Basin, WY 82410		_		×	X	X	0.00
Account No.	H	t	Possible medical negligence claim		t	t	1
Michael Mathis 1573 Big Horn Ave Sheridan, WY 82801		_		x	X	x	0.00
Account No.	┢	\vdash	Possible medical negligence claim		+	+	0.00
Michael Mayville 417 6th Ave N Greybull, WY 82426		-		X	x	x	
							0.00
Sheet no. <u>224</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	_	_			_	_	_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COXTLXGEXT	U Z L L Q L L A C	DISPUTED	AMOUNT OF C	LAIM
Account No.	l	l	Possible medical negligence claim	- ['	ΙĘ			
Michael McCowan PO Box 294 Trenton, ND 58853		-		×	×	T	<	0.00
Account No.		\vdash	Possible medical negligence claim		+	+		0.00
Michael Mcintosh 955 Lane 11 Powell, WY 82435		-		×	X	×		0.00
Account No.	┢	┝	Possible medical negligence claim		+	+		
Michael Mennie 949 Delphinium Drive Billings, MT 59102		-		×	×	×		0.00
Account No.	H	H	Possible medical negligence claim		t	t		
Michael Neely 196 Cedar Wood Circle Bozeman, MT 59718		-		×	×	×		0.00
Account No.		H	Possible medical negligence claim		\dagger	t		
Michael Petersen 2309 Chisolm Colstrip, MT 59323		-		×	X	X		0.00
								0.00
Sheet no. <u>225</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total	Sub of this				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITODIS NAME	С	Н	usband, Wife, Joint, or Community	С	U)]
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J H	CONSIDERATION FOR CLAIM. IF CLAIM	CONTLNGENT	UNLIQUIDATED	PUTED	AMOUNT OF CLAIM
	ł		The second secon	L	b	L	
Michael Robinson PO Box 165 Wapiti, WY 82450		-		Х	×	}	(
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Michael Wiedmer PO Box 336 Tioga, ND 58852		-		x	X	\ \ 	
							0.00
Account No.		T	Possible medical negligence claim		Τ	T	
Michael Wilson Box 233 Cowley, WY 82420		-		x	X	\ \ 	<
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Michael Wood 112 Crossfire Trail Powell, WY 82435		-		x	X	\ \ 	
A (N	_		Describle and discharge delice		L	_	0.00
Account No.	$\left\{ \right.$		Possible medical negligence claim				
Michele Bartholic 519 Broadwater Avenue Billings, MT 59101		-		X	x	}	
							0.00
Sheet no. 226 of 340 sheets attached to Schedule of	1_		1	Sub	tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Ιc	Ι ω	sband, Wife, Joint, or Community	10	Lii	D	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLAGENT	UNLIQUIDA	I S P U T E D	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim	T	D A T E D		
Michele Esperti 4884 E Gallatin Rd Belgrade, MT 59714		-		X	T	х	
Account No.	╀	_	Possible medical negligence claim				0.00
Michele Fredrickson 1009 South Strevall Miles City, MT 59301		-	Toolis model negligenee dalii	x	x	x	0.00
Account No.	╀	\vdash	Possible medical negligence claim	+	\vdash	\vdash	3.00
Michelle Caspers 32 Ambush Road Roundup, MT 59072		-		x	x	x	0.00
Account No.	╁		Possible medical negligence claim		\vdash	H	0.00
Michelle Cleary 11300 C A Road Shepherd, MT 59079		-		X	X	x	
Account No.	┨	_	Possible medical negligence claim		\vdash	H	0.00
Michelle Moser PO Box 276 Baker, MT 59313		-		x	x	x	
							0.00
Sheet no. <u>227</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITOD'S NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
	1			L	5	L	
Mike Beyer PO Box 327 Hinsdale, MT 59241		-		X	×	X	
							0.00
Account No.		t	Possible medical negligence claim	1	T		
Mike Crocker Box 111 Clearmont, WY 82835		-		X	x	x	
							0.00
Account No.	1	T	Possible medical negligence claim		T	T	
Mike Zyph 4118 Stone Street Billings, MT 59101		-		x	x	x	
		L			L	L	0.00
Account No.			Possible medical negligence claim				
Mikelann Bennett 1357 N 8th St Greybull, WY 82426-1504		-		X	x	x	
Account No.	+	_	Possible medical negligence claim				0.00
Mindy Phipps PO Box 221 Jordan, MT 59337		-	. Coole modical negligories stalln	×	x	x	
							0.00
Sheet no228_ of _340_ sheets attached to Schedule of			1	Sub	L tota	<u>L</u> ւl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	I.c.	Luc	sband, Wife, Joint, or Community	10	111	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLLQULDA	SPUTED	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	Т	DATED		
Minka King 937 Lane 10 Powell, WY 82435		-		x	Х	х	
Account No.	╀	┞	Possible medical negligence claim	_			0.00
Mona Meyer 928 Road 7 Powell, WY 82435		-	Tossisie medicai negligence ciaim	X	x	x	0.00
Account No.	T	T	Possible medical negligence claim	+	H	H	
Montana Lindstrom 327 E 6th Street Sheridan, WY 82801		-		X	x	x	0.00
Account No.	╁	\vdash	Possible medical negligence claim				0.00
Monte Mees 4125 Cooper Lane Cody, WY 82414		-		X	x	x	
Account No.	╂	\vdash	Possible medical negligence claim				0.00
Monty Muller 254 North Division Cowley, WY 82420		-		X	x	x	
							0.00
Sheet no. <u>229</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	10	1	The state of the s	10	1	L	T
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A H	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGEN	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	Т	T E D		
Monty Van Pelt 1108 14th Street No 132 Cody, WY 82414		-			X	T	
Account No.	╀	_	Possible medical negligence claim		_	-	0.00
Morris Mullis PO Box 166 Ten Sleep, WY 82442		-		x	x	x	
		L				L	0.00
Account No. Morris Terry PO Box 224 Powell, WY 82435		-	Possible medical negligence claim	×	x	×	
Account No.	-	L	Possible medical negligence claim	\downarrow	ļ	L	0.00
Myron Hurlburt 20810 132nd Ave Sturgis, SD 57785		-		x	x	×	
Account No.	}	l	Possible medical negligence claim		<u> </u>		0.00
Myron Tatum 21665 Galaxy Place Piedmont, SD 57769		-		x	x	×	
							0.00
Sheet no. <u>230</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	Tc	ΤH	lusband, Wife, Joint, or Community	С	Ιυ	ΤD	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	H V J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	N L I QU I D A T	D I S P U T E D	AMOUNT OF CLAIM
Account No.	_		Possible medical negligence claim		Ė		
Nadine Lindshield 230 Grand St Powell, WY 82435		-				x	
Account No.		+	Possible medical negligence claim	+	┝	+	0.00
Nancy Feehan PO Box 726 Moorcroft, WY 82721		-		x	X	x	
Account No.	4	╀	Possible medical negligence claim	+	┡	╀	0.00
Nancy Heiser 2191 South Flat Road Worland, WY 82401		-	r ossible medical negligence dalini	x	X	x	0.00
Account No.	+	+	Possible medical negligence claim	+	t	t	
Nancy Lasater 365 West Daffodil Billings, MT 59102		-		X	X	x	0.00
Account No.	+	+	Possible medical negligence claim	+	\vdash	+	0.00
Nancy OHara McManus 2123 Wentworth Drive Billings, MT 59105		-		x	x	x	
							0.00
Sheet no. <u>231</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider			Case No.	14-61357	
_		Debtor	-/			

_	1.1	shood Wife Isint or Community		11	Ь	Ī
CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	ONL QU L DA		AMOUNT OF CLAIM
		Possible medical negligence claim	T	E		
	-		X	Г	х	
						0.00
		Possible medical negligence claim				
	-		x	x	x	
						0.00
	Г	Possible medical negligence claim		Г		
	-		x	x	x	
						0.00
		Possible medical negligence claim				
	-		x	x	x	
		Describle medical realizance claim				0.00
		r ossible medical negligence claim				
	-		x	x	x	
						0.00
	·					0.00
	CODEBTOR	CODEBTOR -	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Subtota	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X X X X X

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITIONS MANGE	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	J M H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim		Ę		
Natalie Lothspeich 106 Lynam Drive Miles City, MT 59301		-		X	Х	х	
		L					0.00
Account No.	1		Possible medical negligence claim				
Natalie Power 4095 Hwy 59 N Miles City, MT 59301		-		X	x	x	
							0.00
Account No.	T	T	Possible medical negligence claim	T		T	
Nathan Romain 4313 Wells Place Billings, MT 59106		-		x	x	x	
		L					0.00
Account No.	-		Possible medical negligence claim				
Nathan Sponsel PO Box 703 Cowley, WY 82420		-		x	x	x	
Account No.	-		Possible medical negligence claim				0.00
Nathan Veatch 2453 Beaver Dr Gillette, WY 82718		-	. Sooile modern regrigorios siami	x	x	x	
	1						0.00
Sheet no. <u>233</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
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CDEDITORIC MANG	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim	ONT INGENT	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
	1				Ď	╀	
Newell Sorenson 44 West 10th Street Lovell, WY 82431		-		X	X	×	
		L			L		0.00
Account No. xx1872 NexGen Healthcare 18111 VonKarman Ave Ste 700 Irvine, CA 92612		-	Lease damages				
							40,278.21
Account No. Nicholas Barta 4656 Metzger Road Laurel, MT 59044		-	Possible medical negligence claim	X	X	×	0.00
Account No.	t	t	Possible medical negligence claim	\dagger	t	t	
Nichole Teasdale PO Box 1141 Gillette, WY 82717-1141		-		X	X	×	0.00
Account No.		H	Possible medical negligence claim		t	+	
Nicole Frederick 102 State Highway 290 Meeteetse, WY 82433		-		X	X	x	
							0.00
Sheet no. <u>234</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			40,278.21

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	<u> </u>	Г	isband, Wife, Joint, or Community	10	111	Ь	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H M	DATE CLAIM WAS INCUIDED AND	CONTINGENT	ONL QU L DATED	DISPUTED	AMOUNT OF CLAIM
Nicole Schultz 2235 Icewine Drive Billings, MT 59102		-		x	X	T	
							0.00
Account No. Nikki Gabert 56 JM Road Gillette, WY 82718		_	Possible medical negligence claim	x	x	x	0.00
Account No. Nikkole Groshans 2705 Mast Circle Billings, MT 59105		_	Possible medical negligence claim	х	x	x	0.00
Account No. Nina Pearl 882 East 7th 21 Powell, WY 82435		_	Possible medical negligence claim	X	x	x	0.00
Account No. Nolan Perry 381 Lower Prairie Dog Rd Sheridan, WY 82801		_	Possible medical negligence claim	X	x	x	0.00
Sheet no. <u>235</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

GD-77-77-0-1/2-1/1-1-7	Гс	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTLNGEN	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	1'	Ę		
Nolan Ryan PO Box 1097 Buffalo, WY 82834-1097		-			Х	х	
							0.00
Account No.	$\left\{ \right.$		Possible medical negligence claim				
Norbert and Sonja Gonsalves 1813 Lane 12 Powell, WY 82435		-		X	x	x	
							0.00
Account No.		T	Possible medical negligence claim	\dagger		Г	
Norm Sedig PO Box 1094 Cody, WY 82414		-		х	x	x	
							0.00
Account No.	l		Possible medical negligence claim				
Norma Close 635 Tower Blvd Powell, WY 82435		-		х	х	x	
Account No.			Possible medical negligence claim				0.00
Norma Hanson PO Box 455 Ashland, MT 59003		-	. Socials modern regingence dum	x	x	x	
							0.00
Sheet no. <u>236</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		•	(Total of	Subt			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H V J C	CONSIDERATION FOR CLAIM. IF CLAI IS SUBJECT TO SETOFF, SO STATE.	M	CONTINGENT	UNLLQULDATED	D II I I I I	AMOUNT OF CLAIM
Account No.		l	Possible medical negligence claim		Ί.	Ė		
Norman Olson PO Box 240 Jordan, MT 59337		-			x	┪		0.00
Account No.	┢	╁	Possible medical negligence claim		+	\dashv		
Norman Willson 11 East Loop Kinsey, MT 59338		-			x	x	X	0.00
Account No.	T	T	Medical		7	7		
Northern WY Surgery Center 732 Lindsay Ln Cody, WY 82414		-						1,500.00
Account No.	┢	t	Possible medical negligence claim		†	┪		
Olive Neil 442 Paradise Valley Road Riverton, WY 82501		-			x	X	X	0.00
Account No.		t	Rent	$\overline{}$	\dagger	1		
OMNI Center lease C/O Samples properties 525 Madison St SE #205 Huntsville, AL 35801		_						299,920.08
Sheet no. <u>237</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	-	<u>. </u>	(To	Su al of thi	bto s p			301,420.08

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	Ų	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COZHLZGEZH	UZLLQULDAFED	I S P U T E D	AMOUNT OF CLAIM
Account No.				T	E		
ONI Realty C/O Samples Properties 525 Madison St SE #205 Huntsville, AL 35801		-					0.00
Account No.		T	Possible medical negligence claim		t	t	
Orville Lamb 125 Spirit Mountain Dr Cody, WY 82414		-		x	X	x	
						L	0.00
Account No.			Possible medical negligence claim				
Oscar Boeshans PO Box 572 Laurel, MT 59044-0572		-		x	X	x	
	L	L			L	L	0.00
Account No.			Possible medical negligence claim				
Otto Torgerson PO Box 194 Antelope, MT 59211		-		x	X	x	
Account No. 9287	L		Trade debt				0.00
Pacific Medical Inc PO Box 149 Tracy, CA 95378		-					
							1,040.61
Sheet no. <u>238</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	_	_	I (Total of t	Sub			1,040.61

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community CODEBTOR UNLIQUIDATED CONTINGENT CREDITOR'S NAME, **MAILING ADDRESS** DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE. W CONSIDERATION FOR CLAIM. IF CLAIM AND ACCOUNT NUMBER J AMOUNT OF CLAIM IS SUBJECT TO SETOFF, SO STATE. С (See instructions above.) Account No. Possible medical negligence claim Pam Gross Х Х PO Box 8 Burns, WY 82053 0.00 Account No. Possible medical negligence claim X|X|X

Pam Loman 1113 Hwy 14a West Lovell, WY 82431 0.00 Account No. Possible medical negligence claim Pamela and Robert Walker x|x|xPO Box 57 Joliet, MT 59041 0.00 Possible medical negligence claim Account No. Pamela Fischer x|x|x1215 WY Ave Apt C Cody, WY 82414 0.00 Account No. Possible medical negligence claim Pamela Nelson x|x|xPO Box 2372 Cody, WY 82414 0.00 Sheet no. 239 of 340 sheets attached to Schedule of Subtotal 0.00 Creditors Holding Unsecured Nonpriority Claims (Total of this page)

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In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	_	_					•
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Patricia Anderson 3806 Mohawk Gillette, WY 82718		-			x	Τ	0.00
Account No.	\dagger	t	Possible medical negligence claim			H	0.00
Patricia Bergstrom PO Box 4 Sheridan, WY 82801		-		x	x	x	
		L					0.00
Account No. Patricia Duncan PO Box 4 Reed Point, MT 59069		-	Possible medical negligence claim	×	×	x	0.00
Account No.	t	t	Possible medical negligence claim		t	t	
Patricia Fyfe 219 6th Ave Laurel, MT 59044		-		x	x	x	0.00
Account No.	\dagger	t	Possible medical negligence claim		$\frac{1}{1}$		
Patricia Kelly 2032 Cougar Ave Cody, WY 82414		-		x	x	x	
Sheet no. <u>240</u> of <u>340</u> sheets attached to Schedule of				Sub	tots	1	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total o				0.00

In re	John Henry Schneider	,	Case No.	14-61357	_
-		Debtor			

	Ic	Тн	isband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim		Ė		
Patricia Kuper 208 North 41st Street Cody, WY 82414		-				х	
Account No.		╀	Possible medical negligence claim		┝	-	0.00
Patricia Mumm 101 Lane 9 Powell, WY 82435		-		x	x	x	0.00
Account No.	_	╀	Possible medical negligence claim	+	╀	┝	0.00
Patricia Rossenborg PO Box 344 Byron, WY 82412		-	Todalia medical megilgenee daliin	X	X	X	0.00
Account No.		+	Possible medical negligence claim		H		0.00
Patricia Saucier 2757 Phyllis Circle APT 204 Billings, MT 59102		-		×	X	x	0.00
Account No.		$\frac{1}{1}$	Possible medical negligence claim		\vdash		0.00
Patrick Bacus 440 W 3rd St Lovell, WY 82431		-		x	X	X	
							0.00
Sheet no. <u>241</u> of <u>340</u> sheets attached to Schedul Creditors Holding Unsecured Nonpriority Claims	e of		(Total of	Sub			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

GDED/MODIG VALUE	С	Tı	usband, Wife, Joint, or Community		: Tu	1 0)
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	F V J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAI IS SUBJECT TO SETOFF, SO STATE.	M I			AMOUNT OF CLAIM
Account No.	\dashv		Possible medical negligence claim		Ė	,	
Patrick Dunn 4 Oak Dr Cody, WY 82414		-			()	1	
Account No.	_	\downarrow	Possible medical negligence claim		+	+	0.00
Patrick Gibbs PO Box 503 Malta, MT 59538		-		>	<		0.00
Account No.	+	+	Possible medical negligence claim		+	+	0.00
Patrick Rogers 2714 Tompy Street Miles City, MT 59301		-	Tossible medical negligence claim	>	< >		0.00
Account No.	+	+	Possible medical negligence claim		+	+	0.00
Patrick Tomlin 814 E Callender St Livingston, MT 59047		-		>			0.00
Account No.	+	+	Possible medical negligence claim		+	+	0.00
Patrick White 405 River Street Miles City, MT 59301		-					
							0.00
Sheet no. <u>242</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of	•	(То	Sul al of this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	_	_					•
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Patrick Wile 209 Wyoming Ave Sheridan, WY 82801		-			x	Τ	0.00
Account No.	╁	\vdash	Possible medical negligence claim		<u> </u>		0.00
Patsy Fitch PO Box 345 Jordan, MT 59337		-		X	x	x	
		L					0.00
Account No. Patty Terrell PO Box 837 Colstrip, MT 59323		-	Possible medical negligence claim	X	x	x	0.00
Account No.	t	t	Possible medical negligence claim		t	t	
Paul Claus PO Box 793 Cody, WY 82414		-		x	x	x	0.00
Account No.	†	t	Possible medical negligence claim		\perp		
Paul Cote 4 Hawk Court Gillette, WY 82718		-		x	x	x	
	L				L	Ļ	0.00
Sheet no. <u>243</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Тс	T.	Hus	band, Wife, Joint, or Community	С	Ιυ	Īρ	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	4			Possible medical negligence claim	l'	Ė		
Paul Dekaye 5715 Sweetgrass Creek Dr Billings, MT 59106		-	-				x	
Account No.	+	\downarrow	_	Possible medical negligence claim		┞	-	0.00
Paul Faber 809 North 3rd Miles City, MT 59301		-	-		x	x	x	
Account No.	+	+	+	Possible medical negligence claim	+	╀	\vdash	0.00
Paul Gilbert 353 Howie Rd Big Timber, MT 59011		-	-		x	X	x	0.00
Account No.	+	+	+	Possible medical negligence claim		t	+	0.00
Paul Herren 1328 Maurine St Billings, MT 59105		-	-		x	X	x	
Account No.	+	+	+	Possible medical negligence claim	+	╁	+	0.00
Paul HoFeldt 197 Kircher Creek Rd Miles City, MT 59301		-	-		×	X	x	
								0.00
Sheet no. <u>244</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	of	•		(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITODIC NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	ONT INGENT	L	DISPUTED	AMOUNT OF CLAIM
Paul Kotas 213 Mesquite Cir Riverton, WY 82501		-		X	X	T	
Account No.	_		Notice only - attorney for several creditors		<u> </u>	<u> </u>	0.00
Paul M. Warren 490 N 31st Ste 101 Billings, MT 59101		-					
Account No.	┢	-	Possible medical negligence claim		╁	+	0.00
Paul McKendrick 1002 West Bell 28 Glendive, MT 59330		-		x	X	×	0.00
Account No.	_	ł	Possible medical negligence claim		t	t	0.00
Paul Smith 435 South Ingalls Powell, WY 82435		-		X	X	×	0.00
Account No.		ŀ	Possible medical negligence claim	+	+	+	0.00
Paul Sperry PO Box 2 Cody, WY 82414		-		X	X	×	
							0.00
Sheet no. <u>245</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Ιc	Тн	usband, Wife, Joint, or Community	С	Ιυ	D	I
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H H	DATE CLANAWAC INCUIDED AND		NLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.	-		Possible medical negligence cialm		E		
Paula Bishop PO Box 70411 Fairbanks, AK 99707		-			l	X	
A (N)	4	1	Describbs and disclosure of the second states		L		0.00
Account No.	\dashv		Possible medical negligence claim				
Paula Kuck PO Box 266 Wapiti, WY 82450		-		X	x	x	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Paula McKee PO Box 4193 Gillette, WY 82717		-		X	x	x	
							0.00
Account No.		Τ	Possible medical negligence claim		Γ	Γ	
Pauline Williams 124 Buena Vista Ave Cody, WY 82414		-		X	x	X	
A cooper No	_	_	Dogaible medical regligence deim	_			0.00
Account No.	+		Possible medical negligence claim				
Peggy Forsberg 1021 7th Avenue Laurel, MT 59044		-		X	x	x	
							0.00
Sheet no. 246 of 340 sheets attached to Schedule of	f			Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

		_		-		-	T
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim	T	E		
Peggy Risingsun PO Box 216 Busby, MT 59016-0216		-		X	Х	х	
							0.00
Account No.	1		Possible medical negligence claim				
Peggy Roberts 2905 Highway 87 E Billings, MT 59101		-		X	x	x	
							0.00
Account No.	t	H	Possible medical negligence claim	\dagger	┢	┢	
Peggy Schmitz 13687 57th St Northwest Williston, ND 58801		-		x	x	x	
							0.00
Account No.			Possible medical negligence claim				
Penny Bellah 603 Klondike Drive Buffalo, WY 82834		-		x	x	x	
A OV			Describle and describe and describe				0.00
Account No.	1		Possible medical negligence claim				
Peret Kilgore PO Box 323 Hardin, MT 59034		-		х	x	x	
							0.00
Sheet no. <u>247</u> of <u>340</u> sheets attached to Schedule of				Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITODIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
Treesum 110.	1		The decision meaned magniferness diamin		D	L	
Perry Martinez 2220 St Johns Ave A 22 Billings, MT 59102		-			x	ı	
							0.00
Account No.		Ī	Possible medical negligence claim				
Peter Chidsey 104 W. Bald Ridge Dr Powell, WY 82435		-		x	x	x	
							0.00
Account No.	T	t	Possible medical negligence claim	T	T	T	
Peter Hansen 1435 Wicks Lane Billings, MT 59105		-		×	x	x	
							0.00
Account No.			Possible medical negligence claim				
Phillip Shawver Box 248 Jordan, MT 59337		-		×	x	x	
Account No.	╀	-	Possible medical negligence claim	_	L		0.00
Account NO.	1		1 033ibie medicai negligence ciaim				
Phyllis Karas 1119 Park Ave Red Lodge, MT 59068		-		x	x	x	
							0.00
Sheet no. <u>248</u> of <u>340</u> sheets attached to Schedule of	_	L	1	Sub	L tota	<u>L</u>	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
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OD E B T O R	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NL I QU I DAT	I S P U T E D	AMOUNT OF CLAIM
-		Possible medical negligence claim	ľ	Ė		
	-				l	
						0.00
		Possible medical negligence claim				
	-		x	x	x	
						0.00
T	Γ	Possible medical negligence claim		Г	T	
	-		×	x	x	
	L				L	0.00
		Possible medical negligence claim				
	-		X	X	x	
1						0.00
+		Possible medical negligence claim				
	-		х	×	x	
						0.00
	_					0.00
	CODEBTOR	H W J C	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim A Possible medical negligence claim A Possible medical negligence claim X A A A A B C C C C C C C C C C C C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X X X Subtota	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Axi X X X Possible medical negligence claim Possible medical negligence claim Axi X X X Axi X X X X X X X X X X X X X X X X X X X

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
Tiecount 110.	ł	l	Toolisia diaminati madiining di denimbandii		D		
Powell County Healthcare Attn CEO 777 Ave H Powell, WY 82435		-				x	Unknown
Account No.		+	Possible medical negligence claim		\vdash	\vdash	- Cilia Cili
Preston Matchett 1820 Still Meadow Drive Billings, MT 59106		-		X	X	x	
Account No.	╀	╀	Notice only - Collecting for NexGen HealthCare	+	╀	┞	0.00
Quality Systems Inc. PO Box 511449 Los Angeles, CA 90051		-					0.00
Account No.		+	Possible medical negligence claim		+		0.00
Rachel Harper 2231 Hyacinth Drive Billings, MT 59105		-		X	X	x	0.00
Account No.		+	Possible medical negligence claim		\vdash	\vdash	0.00
Ralph Doely 1982 Joliet Road Columbus, MT 59019		-		X	x	x	
							0.00
Sheet no. <u>250</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	-	_	(Total of	Sub			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	Тс	Тн	usband, Wife, Joint, or Community	С	Ιυ	ΙD	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	\dashv	ı	r ossible medical negligence cialin		E		
Ralph Hughes 224 Platt Red Lodge, MT 59068		-				х	
Account No.	_	+	Malpractice claim	-	\vdash		0.00
Ramani Arnett 7005 Custer Ave Billings, MT 59106		-		X	X	x	
							Unknown
Account No. Ramona George 1013 ½ Meadow Lane Ave Cody, WY 82414		-	Possible medical negligence claim	x	X	x	
Account No.		\downarrow	Possible medical negligence claim		L		0.00
Randall King 212 N Sutton Miles City, MT 59301		_	To ossible medical negligence cialin	x	x	x	0.00
Account No.	1	\dagger	Possible medical negligence claim		t		
Randall Thomsen 230 Fiddler Creek Rd Fishtail, MT 59028		-		×	x	x	
	\perp						0.00
Sheet no. <u>251</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

		_		1 -	1	1 -	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	L H W H	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	ΙQ	DISPUTED	AMOUNT OF CLAIM
Randy Latterell 2331 Esther Rose Lane Billings, MT 59106		-		X	X	T	0.00
Account No.	+		Possible medical negligence claim		<u> </u>		0.00
Randy Owsley 403 S. 12th St. Thermopolis, WY 82443		-		×	x	x	
		L				L	0.00
Account No. Randy Welfl 990 Skelton Road Thermopolis, WY 82443		-	Possible medical negligence claim	x	x	x	0.00
Account No.	t	H	Possible medical negligence claim		T	t	
Ray Obrien 355 W 5th St Powell, WY 82435		-		X	x	x	0.00
Account No.	l	l	Possible medical negligence claim		$\frac{1}{1}$		
Ray Rossenborg PO Box 344 Byron, WY 82412		-		x	x	x	
					L	Ļ	0.00
Sheet no. <u>252</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

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CREDITOR'S NAME,	CODEBTOR	Hu	sband, Wife, Joint, or Community	-		 	D I	
MAILING ADDRESS	P	Н	DATE CLAIM WAS INCURRED AND	I N	! <u> </u>	۱	S P U T E D	
INCLUDING ZIP CODE,	B	W	CONSIDERATION FOR CLAIM. IF CLAIM	Ιį		2	υ	
AND ACCOUNT NUMBER	IΤ	J	IS SUBJECT TO SETOFF, SO STATE.	l N	ווי	1	T	AMOUNT OF CLAIM
(See instructions above.)	Ř	С	15 5 5 5 5 1 1 1 5 5 1 1 1 1 2 1	Ė		1	D	
Account No.	T	T	Possible medical negligence claim	Ť			Ī	
		l		\vdash	╀	+	\dashv	
Raymond Gruer		l		Ι,	٨,	,	IJ	
1620 23rd St		-		/	$\langle \rangle$	4	×Ι	
Cody, WY 82414					ı	1		
								0.00
Account No.		H	Possible medical negligence claim		\dagger	\dagger		
Raymond McClaskey		l			Ι.			
1118 Knight St		-)	$\langle \rangle$	4	X	
Miles City, MT 59301		l			ı	1		
		l			ı	1		
								0.00
Account No.		Γ	Possible medical negligence claim		T	T		
	1				ı	1		
Rebecca Hanson		l			Т	1		
1631 26th Street		-)	$\langle \rangle$		Х	
Cody, WY 82414		l			Т	1		
,		l			Т	1		
					ı	1		0.00
Account No.	┝	┝	Possible medical negligence claim	+	+	+	+	0.00
	ł		3		ı	1		
Rebecca Undlin		l			ı	1		
903 South Custer		 -)	(b	d	х	
Miles City, MT 59301		l			Т	1		
Things Sity, in accor		l			ı	1		
		l			ı	1		0.00
Account No.	┢	┢	Possible medical negligence claim		+	+		0.00
recount iv.	ł		Trossible medical negligence claim					
Rebecca Zuercher	ĺ							
1852 Lane 12	1	 -		\rightarrow	(b	d	χĺ	
Powell, WY 82435	1	1			ľ			
OWE , W OZ400	ĺ	1						
	ĺ							0.00
								0.00
Sheet no. <u>253</u> of <u>340</u> sheets attached to Schedule of				Sul	otot	al		0.00
Creditors Holding Unsecured Nonpriority Claims			(Total	of this	pa	ge)	0.00
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In re	John Henry Schneider		Case No	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	H W J C	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	ΙQ	DISPUTED	AMOUNT OF CLAIM
Rena Rudnick 12500 Brookglade Circle Houston, TX 77099		-		X	X	T	0.00
Account No.	╁	<u> </u>	Possible medical negligence claim			<u> </u>	0.00
Renice McCowan 133 3rd Avenue Trenton, ND 58853		-		x	x	x	
		L				L	0.00
Account No. Reno Charette 321 Aristocrat Dr. Apt C Billings, MT 59105		-	Possible medical negligence claim	x	x	x	0.00
Account No.	╁	t	Possible medical negligence claim		T	t	
Rhonda Brown 1001 11th St 111 Cody, WY 82414		-		X	x	x	0.00
Account No.	╁	t	Possible medical negligence claim		$\frac{1}{1}$		0.00
Rhonda Grimm 8310 Shorthorn Drive Billings, MT 59106		-		x	x	x	
						L	0.00
Sheet no. <u>254</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	L H W J C	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UZLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Rhonda Schabarker 938 19th Unit 50 Cody, WY 82414		-		X	X	х	0.00
Account No. Richard Brown			Possible medical negligence claim				0.00
25 Patrick Henry Rd Gillette, WY 82718		-		X	X	X	0.00
Account No.	╁	+	Possible medical negligence claim	+	t	H	
Richard Buksch 2051 Country Manor Blvd Billings, MT 59102		-		x	X	x	
							0.00
Account No. Richard Cummings PO Box 46 Shell, WY 82441		-	Possible medical negligence claim	x	X	x	0.00
Account No.	+	t	Possible medical negligence claim	+	H		0.00
Richard Deines 1033 Ave C Billings, MT 59102		-		X	X	x	
							0.00
Sheet no. <u>255</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	ť		(Total o	Sub f this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	16	1.	مبدا	shood Wife Isiat or Community	10	Lii	Г	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	- - - - - - - - - - - - - 	H & J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Richard Derosia PO Box 45 Froid, MT 59226		-	-			X		0.00
Account No. Richard Fakler 615 W Peterson Billings, MT 59102		-						
Shirings, Wit 33 102								0.00
Account No. Richard Hageman 1212 Romelda Lane Billings, MT 59102		-		Possible medical negligence claim	X	x	x	0.00
Account No. Richard Hicks 480 S E 3rd Street Prineville, OR 97754		-	-	Possible medical negligence claim	X	×	x	0.00
Account No. Richard Hicks 1310 NW Dodson Prineville, OR 97754		-	-	Possible medical negligence claim	X	X	x	
Sheet no. <u>256</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f			(Total o	Sub f this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITODIC NAME	С	Н	usband, Wife, Joint, or Community	(ा	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H H	DATE CLAIM WAS BISHING AN	D AIM E.	007F 70m7F	NU POLUE	I S P U T E D	AMOUNT OF CLAIM
Richard Moore 104 E Walnut St Gillette, WY 82718-6317		-			┪		х	
Account No.	-		Possible medical negligence claim		+			0.00
Richard Moore 584 Lane 13 Powell, WY 82435		-		:	×	X	x	
Account No.	-	┞	Possible medical negligence claim		_			0.00
Richard Padgett 108 North 8th Street Miles City, MT 59301		-	Tossible medical negligence dialin	;	×	X	x	0.00
Account No.		t	Possible medical negligence claim		+			0.00
Richard Rayle 106 Lane 5 1/2 Deaver, WY 82421		-]	×	X	x	
Account No.			Possible medical negligence claim		1			0.00
Richard Redd 732 Henry Road Powell, WY 82435		-			×	X	x	
								0.00
Sheet no. <u>257</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		•	(T	Su otal of thi				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITODIC NAME	С	Н	sband, Wife, Joint, or Community		С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	DATE CLAIM WAS INCUIDED AN	AIM E.	CONFINGENT	NL I QU I DATED	I S P U T E D	AMOUNT OF CLAIM
Richard Reed One Diamondback Court Clancy, MT 59634		_		-	1		х	
Account No.	╁	<u> </u>	Possible medical negligence claim		<u> </u>			0.00
Richard Rice 977 Road 15 Powell, WY 82435		_			x	X	x	
Account No.	╀	L	Possible medical negligence claim		\dashv			0.00
Richard Sauter 3011 Old Hardin Road Billings, MT 59101		_	1 ossible medical negligence claim		×	X	x	0.00
Account No.	\dagger	H	Possible medical negligence claim		\dashv			
Richard Schlenker 1400 Road 3LE Meeteetse, WY 82433		-			x	X	x	
Account No.	+	<u> </u>	Possible medical negligence claim		\dashv			0.00
Richard Schultz 7514 Ovando Place Billings, MT 59106		_			x	X	x	
								0.00
Sheet no. <u>258</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			· (T	Su otal of thi				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	I c	Lu.	sband, Wife, Joint, or Community	10	Lii	D	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	UNLIQUIDA	I S P U T E D	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	T	D A T E D		
Richard Thompson 1444 Old Highway 10 Forsyth, MT 59327		-		X	T	х	
A OY			Describle westigely a silver as a deliver				0.00
Account No.	ł		Possible medical negligence claim				
Richard Wheeler PO Box 285 Big Timber, MT 59011		-		X	x	x	
							0.00
Account No.		T	Possible medical negligence claim	T	T	T	
Richard Williams 2209 Broad Acres Riverton, WY 82501		-		x	x	x	
							0.00
Account No.			Possible medical negligence claim				
Richard Zickefoose 7 Crandall Park Lane Cody, WY 82414-2841		-		x	X	x	
AA N-			Describle was disclosed in subsection				0.00
Account No.	ł		rossible medical negligence claim				
Rick Dye 3325 Big Horn Ave Cody, WY 82414		-		X	×	x	
							0.00
Sheet no. <u>259</u> of <u>340</u> sheets attached to Schedule of		_		Sub			0.00
Richard Zickefoose 7 Crandall Park Lane Cody, WY 82414-2841 Account No. Rick Dye 3325 Big Horn Ave Cody, WY 82414		-	Possible medical negligence claim	X	X	X	

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

000000000000000000000000000000000000000	Ιc	I	lusband, Wife, Joint, or Community	С	Īυ	ΤD	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	V J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.		ı	Possible medical negligence claim	Ι'	Ė		
Rick Huffman PO Box 762 Columbus, MT 59019		-			1	X	
Account No.	\dashv	$\frac{\perp}{1}$	Possible medical negligence claim	+	$\frac{1}{1}$	<u> </u>	0.00
Rick Sedlacek 2008 Colton Blvd Billings, MT 59102		-		X	x	x	
	_	\downarrow		\downarrow	L	╙	0.00
Account No. Rick Sherwood 401 N Last Chance Gulch Helena, MT 59601		-	Notice only				0.00
Account No.	+	+	Possible medical negligence claim		+	<u> </u>	0.00
Rickey Arnold PO Box 696 Park City, MT 59063		-		X	x	x	
Account No.	\exists	+	Possible medical negligence claim		+	<u> </u>	0.00
Rion Abrams 417 North 3rd Street Greybull, WY 82426		-		×	x	x	
		\perp					0.00
Sheet no. <u>260</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	Тс	Тн	usband, Wife, Joint, or Community	С	Ιυ	ΙD	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C N H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ė		
Rita Patterson 36 Wild Hollow Rd Sheridan, WY 82801		-			l	х	
Account No.	+	+	Possible medical negligence claim	+	-		0.00
Rob Teeters PO Box 417 Forsyth, MT 59327		-		x	x	x	
Account No.	4	\downarrow	Possible medical negligence claim	\bot	┡	L	0.00
Robert Aholt 1767 Eagle Nest Trail Powell, WY 82435		-	r ossible medical negligence claim	x	x	x	0.00
Account No.	+	+	Possible medical negligence claim	+	H	H	
Robert Anderson 3806 Mohawk Gillette, WY 82718		-		X	x	x	0.00
Account No.	+	+	Possible medical negligence claim				0.00
Robert Coty 2030 Lake Elmo Dr Apt B Billings, MT 59105		-		x	x	x	
							0.00
Sheet no. <u>261</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
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CODEBTOR	- H W J		ONTINGENT	 	[AMOUNT OF CLAIM
	-		\vdash	10	+		
			X	x	; ;	< <	
		Possible medical negligence claim	+	-	+	-	0.00
	-	Toolise moulear negrigories siaim	x	×	; ;	<	0.00
		Possible medical negligence claim	+	+	+	+	0.00
	-		X	x		<	0.00
		Possible medical negligence claim	$^{+}$	+	\dagger	+	
	-		X	x	; ;	<	0.00
		Possible medical negligence claim		T	\dagger	1	
	_						0.00
			Sub	tota	al	+	0.00
		-	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	- Possible medical negligence claim - X Possible medical negligence claim - X Possible medical negligence claim - X	- Possible medical negligence claim - X X Possible medical negligence claim - X X Possible medical negligence claim - X X Subtota	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Subtotal	- Possible medical negligence claim - X X X Possible medical negligence claim - X X X Possible medical negligence claim - X X X

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
recount 110.	1		Toodisia madical negliganea dialin		D		
Robert Graham 1200 Cedar Crest Circle Laurel, MT 59044		-			x	1	
							0.00
Account No.		Ī	Possible medical negligence claim				
Robert Harder 1053 Lane 11 1/2 Powell, WY 82435		-		X	x	x	
							0.00
Account No.	T	T	Possible medical negligence claim	T	T	T	
Robert Jackson 3700 Blue Avenue Gillette, WY 82718		-		×	x	×	
							0.00
Account No.		T	Possible medical negligence claim			T	
Robert Jensen 653 Road 12 Powell, WY 82435		-		X	x	×	(
Account No.	_	_	Possible medical negligence claim		<u> </u>	ŀ	0.00
Robert Johnson 701 East Larmie St Gillette, WY 82716		-		X	x	×	
							0.00
Sheet no. <u>263</u> of <u>340</u> sheets attached to Schedule of	_			Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Тс	Тн	lusband, Wife, Joint, or Community	С	Ιυ	Ъ	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	4	ı	Possible medical negligence claim	'	Ė		
Robert Jolie 28171/2 Montana Ave Apt 10 Billings, MT 59101		-			l	X	
Account No.	_	+	Possible medical negligence claim	-			0.00
Robert Jones 547 N Day St Powell, WY 82435-1921		-	. Salata madical negligorioo didiin	x	x	X	0.00
Account No.	+	+	Possible medical negligence claim	+	┞	╀	0.00
Robert McMullen PO Box 25 Whitewater, MT 59544		-	Tossible medical negligence dialin	x	x	X	0.00
Account No.	\dagger	+	Possible medical negligence claim	+	\vdash	H	
Robert Molder 1 Navaho Circle Gillette, WY 82718		-		X	X	X	0.00
Account No.	+	+	Possible medical negligence claim			\perp	0.00
Robert Pease PO Box 81 Park City, MT 59063		-		x	x	X	
							0.00
Sheet no. <u>264</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	of	•	(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
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CREDITOR'S NAME,	Ç	Нι	sband, Wife, Joint, or Community	C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim	ONT INGENT	NLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Robert Perkins 3677 Richman Rd Belgrade, MT 59714		-		×	X	t	- (
Account No.	-		Possible medical negligence claim		-	-	0.00
Robert Reiter 4235 Audubon Way Billings, MT 59106		-	g.g	×	X	×	
Account No.	+	\vdash	Possible medical negligence claim	-	+	+	0.00
Robert Richardson 795 Ridge Rd Powell, WY 82435		-		×	X	×	0.00
Account No.	\dagger	\vdash	Possible medical negligence claim		+	+	0.00
Robert Senitte 2124 Gail Lane Cody, WY 82414		-		×	X	×	
Account No.	+		Possible medical negligence claim		+	$\frac{1}{1}$	0.00
Robert Stocking 607 Stepanie Avenue Miles City, MT 59301		-		×	X	×	(
							0.00
Sheet no. <u>265</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		•	(Total o	Sub f this			0.00

In re	John Henry Schneider		Case No	14-61357	
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CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
recount 110.	1		Toodisia madical negliganea dialin		D		
Robert Stringari 851 Riverside Avenue Powell, WY 82435		-			x	1	
							0.00
Account No.	Π	Ī	Possible medical negligence claim				
Robert Till 57 Whitney Drive Cody, WY 82414		-		X	x	x	
							0.00
Account No.		T	Possible medical negligence claim	T	T	T	
Robert Vergnani 1960 Wolff Rd Gillette, WY 82718		-		X	x	×	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Robert Vine Jr 638 West 15th Street Sheridan, WY 82801		-		X	x	×	
Account No.	╀	\vdash	Possible medical negligence claim			ŀ	0.00
Robert Wolf 33 Road 3DX Cody, WY 82414		-		x	x	x	
							0.00
Sheet no. <u>266</u> of <u>340</u> sheets attached to Schedule of	_		1	Sub	tota	ı al	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider		Case No.	14-61357	
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	I c	1	ush and Mills Third as Occurrently			Ь	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.	┨	l	Possible medical negligence claim		Ė		
Robert Zakoff PO Box 2276 Cody, WY 82414		-		X	х	x	
Account No.	╀	╀	Possible medical negligence claim			L	0.00
Roberta All 2918 Silverwood Billings, MT 59102		-	Possible medical negligence claim	x	x	x	0.00
Account No.	t	t	Possible medical negligence claim	+	H	T	
Roberta Walks Over Ice PO Box 386 Lodge Grass, MT 59050		-		х	x	x	0.00
Account No.	t	t	Possible medical negligence claim		\vdash	H	
Robin Debruycker 70 Joliet Road Columbus, MT 59019		-		X	x	x	0.00
Account No.	t	+	Possible medical negligence claim			H	
Robin Dowlin PO Box 2485 Colstrip, MT 59323		-		×	x	x	0.00
			1		L	Ļ	0.00
Sheet no. <u>267</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Subt			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community CODEBTOR UNLIQUIDATED CONTINGENT CREDITOR'S NAME, **MAILING ADDRESS** DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE. W CONSIDERATION FOR CLAIM. IF CLAIM AND ACCOUNT NUMBER J AMOUNT OF CLAIM IS SUBJECT TO SETOFF, SO STATE. С (See instructions above.) Account No. Possible medical negligence claim Rochelle Snow Х Х 165 Crossfire Trail Powell, WY 82435 0.00 Possible medical negligence claim Account No. Rochelle Westphal x|x|x|PO Box 942 Gillette, WY 82717 0.00 Account No. xx0732 Collection Rocky Mountain Recovery 101 Hastings Horseshoe Powell, WY 82435 268.23 Possible medical negligence claim Account No. Rodney Beattie x|x|xPO Box 483 Forsyth, MT 59327 0.00 Account No. Possible medical negligence claim Rodney Holwell x|x|x910 Big Goose Sheridan, WY 82801 0.00

Sheet no. 268 of 340 sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

268.23

Subtotal

(Total of this page)

In re	John Henry Schneider		Case No.	14-61357	
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	I -	1		1 -	1	1-	T
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H H		CONTINGENT	UNLIQUIDATED	DISPUTED	
	l	l	3 3		D	┖	
Rodney Spidahl 4872 Powell Hwy Cody, WY 82414		-		X	X	X	
					L	L	0.00
Account No.			Possible medical negligence claim				
Rodney Weeding 19 Hilltop Drive Jordan, MT 59337		-		×	X	×	
							0.00
Account No.	Γ	Γ	Possible medical negligence claim		Τ	Γ	
Roger Coburn 720 West Main St Riverton, WY 82501		-		×	X	X	
		L			L	┖	0.00
Account No.			Possible medical negligence claim				
Roger Collingwood 3355 Rd 30 1/2 Greybull, WY 82426		-		×	x	X	(
							0.00
Account No.			Possible medical negligence claim				
Roger Dobson 1791 Eaglenest Trail Powell, WY 82435		-		×	x	×	
							0.00
Sheet no. <u>269</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
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	Ic	Тн	usband, Wife, Joint, or Community	С	Ιυ	П	Ī
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C N H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM		NLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.	_	ı	1 ossible medical negligence cialm		E		
Roger Marman 531 N Cary St Powell, WY 82435		-			l	X	
							0.00
Account No.			Possible medical negligence claim				
Roger Rohr 3914 Palisades Park Drive Billings, MT 59102		-		X	x	x	
							0.00
Account No.	op	t	Possible medical negligence claim		t	t	
Roger Sideris 3819 Sandpiper Lane Billings, MT 59102		-		X	x	X	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Roger Whitlock 5414 Riley Lane Port Charlotte, FL 33981		-		X	x	X	
Account No.	_	_	Possible medical negligence claim	-			0.00
Account NO.	\dashv		1 ossible medical negligence cialin				
Rojean Greenwald PO Box 534 Powell, WY 82435		-		X	x	x	
							0.00
Sheet no. <u>270</u> of <u>340</u> sheets attached to Schedule	of		1	Sub	l tota	l al	
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider		Case No	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	J J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
			3 3 3 3 3		5	L	
Rolanda Mees 503 Road 7 Powell, WY 82435		-		X	x	x	
							0.00
Account No.		t	Possible medical negligence claim				
Ron Horn 588 Rosebud Cr Rd Forsyth, MT 59327		-		x	x	X	
							0.00
Account No. Ron Jurovick PO Box 550 Thermopolis, WY 82443		-	Notice only				0.00
Account No.	+	$^{+}$	Possible medical negligence claim	+	+	+	
Ron Robinson 1042 Sierra Grande Blvd Billings, MT 59105		-		X	x	X	0.00
Account No.	+	+	Possible medical negligence claim	+	+	+	2.00
Ronald Deardorff 2820 Big Horn Ave Cody, WY 82414		-		x	x	X	
							0.00
Sheet no. <u>271</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C A H	I INATE CLAIM WAS INCLIDED A MIN	C C N T I N G E N T	UNLIGUIDATED	DISPUTED	F	AMOUNT OF CLAIM
Ronald Decker 1792 Golf Drive Billings, MT 59105		-				×		
Account No.			Possible medical negligence claim			+		0.00
Ronald Ebersold 569 1/2 Ave B Powell, WY 82435		-		×	(x	X		
		L						0.00
Account No. Ronald Eveland PO Box 145 Powell, WY 82435		-	Possible medical negligence claim	×	×	×	(0.00
Account No.		H	Possible medical negligence claim		\dagger	\dagger		
Ronald Halpin 15174 S Walnut Grove Dr Draper, UT 84020		-		X	(x	×		
Account No.		<u> </u>	Possible medical negligence claim		+	+	-	0.00
Ronald Hathaway PO Box 14 Miles City, MT 59301		-		×	(x	(×	(
								0.00
Sheet no. <u>272</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total	Sub of this				0.00

In re	John Henry Schneider		Case No	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	J C	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Ronald Metzker PO Box 181 Huntley, MT 59037		-		X	х	T	0.00
Account No.		$\frac{1}{1}$	Possible medical negligence claim				0.00
Ronald Nomura 804 South 15th Street Worland, WY 82401		-		x	×	x	
							0.00
Account No. Ronald Peterson PO Box 363 Ranchester, WY 82839		-	Possible medical negligence claim	X	x	x	0.00
Account No.	1	\dagger	Possible medical negligence claim		H	\vdash	
Ronald Polich 61 Golf Course Rd Roundup, MT 59072		-		X	x	x	0.00
Account No.	$^{+}$	+	Possible medical negligence claim		\vdash	\vdash	0.00
Ronald Rorabaugh 877 Road 6 Powell, WY 82435		-		x	x	x	
Sheet no. <u>273</u> of <u>340</u> sheets attached to Schedule o	 f			Sub	tota	<u>L</u>	0.00
Creditors Holding Unsecured Nonpriority Claims	•		(Total o				0.00

In re	John Henry Schneider		Case No	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	L C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	O Z L I Q U I D A T E D	DISPUTED	AMOUNT OF CLAIM
Ronald See 474 Road 11 Powell, WY 82435		-			X	T	0.00
Account No.		<u> </u>	Possible medical negligence claim				0.00
Ronald See 465 East 3rd Street Lovell, WY 82431		-		X	X	×	
							0.00
Account No. Ronald Silva 5 Wall St Cody, WY 82414		-	Possible medical negligence claim	X	X	x	0.00
Account No.		t	Possible medical negligence claim	+	t		
Ronald Steinbaugh 6975 Swanson Rd Gillette, WY 82717		-		x	X	X	0.00
Account No.	\pm	+	Possible medical negligence claim		+	\vdash	3.00
Ronald Wertz PO Box 623 Colstrip, MT 59323		-		x	X	x	0.00
Sheet no. <u>274</u> of <u>340</u> sheets attached to Schedule	of		1	Sub	tota	<u>l</u> .1	
Creditors Holding Unsecured Nonpriority Claims			(Total o	f this	pag	ge)	0.00

In re	John Henry Schneider			Case No.	14-61357	
_		Debtor	-/			

Account No. Ronald Young 1526 Beck Ave Cody, WY 82414 Account No. Ronald Sand Lord Street Cody, WY 82414 Account No. Ronald Holwell 236 W 10th St Sheridan, WY 82801 Account No. Rose Bigelow PO Box 703 Cody, WY 82414 Account No. Rose Pederson Ros	GD DD WOOD IS NOT WE	С	Тн	lusband, Wife, Joint, or Community	С	Īυ	ΙD	
Ronal Holwell 236 W 10th St Sheridan, WY 82801 Rose Bigelow PO Box 703 Cody, WY 82414 Rose Pederson 611 Hubbel Possible medical negligence claim X X X X A X A X A X A X A X A X	INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	OD E B T O R	C J W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	N L I QU I D A T	I S P U T E D	AMOUNT OF CLAIM
Ronal Holwell 236 W 10th St Sheridan, WY 82801 Rose Bigelow PO Box 703 Cody, WY 82414 Rose Pederson 611 Hubbel Possible medical negligence claim X X X X A X A X A X A X A X A X	Account No.	4	ı	Possible medical negligence claim		Ė		
Account No. Ronda Card 1526 22nd Street Cody, WY 82414	1526 Beck Ave		-			1		(
Ronda Card 1526 22nd Street Cody, WY 82414 - Possible medical negligence claim Account No. Ronda Holwell 236 W 10th St Sheridan, WY 82801 - Possible medical negligence claim X X X Account No. Possible medical negligence claim X X X Account No. Possible medical negligence claim X X X Account No. Possible medical negligence claim X X X Account No. Possible medical negligence claim X X X Account No. Possible medical negligence claim X X X Account No. Account No. Possible medical negligence claim X X X Account No. Account No.			퇶			L	L	0.00
1526 22nd Street Cody, WY 82414 Account No. Ronda Holwell 236 W 10th St Sheridan, WY 82801 Account No. Rose Bigelow PO Box 703 Cody, WY 82414 Account No. Rose Pederson 611 Hubbel Account No. Possible medical negligence claim X X X Account No. Possible medical negligence claim X X X Account No. Possible medical negligence claim X X X Account No. Possible medical negligence claim X X X Account No. Possible medical negligence claim X X X Account No. Account No. Possible medical negligence claim X X X Account No. Account No. Rose Pederson 611 Hubbel	Account No.	4		Possible medical negligence claim		l		
Account No. Ronda Holwell 236 W 10th St Sheridan, WY 82801 Account No. Rose Bigelow PO Box 703 Cody, WY 82414 Possible medical negligence claim Account No. Possible medical negligence claim X X X 0.0 X X X Account No. Possible medical negligence claim X X X X Account No. Account No. Account No. Rose Pederson 611 Hubbel A X X X	1526 22nd Street		-		X	X	X	(
Ronda Holwell 236 W 10th St Sheridan, WY 82801 - Rose Bigelow PO Box 703 Cody, WY 82414 Possible medical negligence claim X X X 0.0 X X X 0.0 X X X 0.0 X X X X X								0.00
236 W 10th St Sheridan, WY 82801 -	Account No.		T	Possible medical negligence claim		T	T	
Account No. Rose Bigelow PO Box 703 Cody, WY 82414 - Count No. Possible medical negligence claim - X X X 0.0 Account No. Possible medical negligence claim X X X X	236 W 10th St		-		x	x	X	
Rose Bigelow PO Box 703 Cody, WY 82414 Account No. Rose Pederson 611 Hubbel Possible medical negligence claim X X X 0.0								0.00
PO Box 703 Cody, WY 82414 -	Account No.			Possible medical negligence claim		Γ		
Account No. Possible medical negligence claim Rose Pederson 611 Hubbel Account No. Possible medical negligence claim X X X	PO Box 703		-		x	x	X	
Rose Pederson 611 Hubbel - X X X	A account No	4		Descible medical regularization of size				0.00
611 Hubbel X X X	Account No.	\dashv		Possible medical negligence cialin				
Miles City, MT 59301			-		x	x	×	
0.0								0.00
Sheet no275_ of _340_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims O.C (Total of this page)		of						0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITODIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
1100 unit 110.	ł		The decision meaned magniferness diamin		D	L	
Rose Wenstrom PO Box 171 Deaver, WY 82421		-			x	ı	
		l					0.00
Account No.		T	Possible medical negligence claim		T	l	
Rosemarie Schaal 2194 Rangeview Ct Billings, MT 59106		-		x	X	x	
		l					0.00
Account No.	T	T	Possible medical negligence claim		T	T	
Rosemarie Smith PO Box 232 Ten Sleep, WY 82442		-		x	X	x	
							0.00
Account No.			Possible medical negligence claim				
Ross Miller 354 Little Coyote Drive Miles City, MT 59301		-		x	X	x	
Account No			Descible medical regligence alaim	-	L		0.00
Account No.	1		Possible medical negligence claim				
Ross Waples 4246 Marian Circle Billings, MT 59101		-		X	X	X	
							0.00
Sheet no. <u>276</u> of <u>340</u> sheets attached to Schedule of	1_		1	Sub	L tots	<u>L</u>	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
recount no.	1		1 ossible medical negligence dalim		E D		
Roxane Sheridan 925 East Washington St Powell, WY 82435		-			x	1	
							0.00
Account No.			Possible medical negligence claim				
Roxie Hilliard 1301 Pulliam Ave Worland, WY 82401		-		x	x	x	
		l					0.00
Account No.		T	Possible medical negligence claim		T	T	
Roxie Saylor 221 Attix Jordan, MT 59337		-		x	x	×	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Roy Eckerdt 1324 Lane 10 Powell, WY 82435		-		X	x	×	
A			Descible modical negligence aleign			L	0.00
Account No.	\mathbf{I}		Possible medical negligence claim				
Ruby Reno 2221 26th St Cody, WY 82414		-		X	x	×	
							0.00
Sheet no. <u>277</u> of <u>340</u> sheets attached to Schedule of			1	Sub	L tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	_
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In re	John Henry Schneider	,	Case No.	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C N H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	NLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.	\dashv	ı	1 ossible medical negligence claim		E		
Rusty Rokita PO Box 272 Hardin, MT 59034		-			l	X	
							0.00
Account No.			Possible medical negligence claim				
Rusty Udenberg 821 24th Street West Billings, MT 59102		-		x	x	x	
							0.00
Account No.	\dashv	\dagger	Possible medical negligence claim	T	t	T	
Ruth Edge PO Box 1252 Powell, WY 82435		-		X	x	X	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Ruth Warwick 622 Ave J Powell, WY 82435		-		X	x	X	
	4	_					0.00
Account No.	\dashv		Possible medical negligence claim				
Ryan Macdonnell 1879 Paintbrush Dr Sheridan, WY 82801		-		X	x	x	
							0.00
Sheet no. <u>279</u> of <u>340</u> sheets attached to Schedule	of		1	Sub	tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider		Case No	14-61357	
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CDEDITORIC NAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	Ī
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim	ľ	Ė		
Ryan Osborne 1331 Meadow Lane Ave Cody, WY 82414		-			X		
							0.00
Account No.	4		Possible medical negligence claim				
Ryan Petersen PO Box 2355 Colstrip, MT 59323		-		x	X	x	
							0.00
Account No.			Possible medical negligence claim			Γ	
Sabrina Oliver 3436 Stagecoach Dr. Casper, WY 82604		-		x	x	x	
	_					L	0.00
Account No.	4		Possible medical negligence claim				
Sally Smith PO Box 174 Ten Sleep, WY 82442		-		x	X	X	
Account No.	_		Describle medical parliagnes slaim				0.00
Account No.	+		Possible medical negligence claim				
Sam Hatfield 1948 Clark Ave Billings, MT 59102		-		x	x	x	
							0.00
Sheet no. <u>280</u> of <u>340</u> sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub			0.00

In re	John Henry Schneider		Case No	14-61357	
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	Тс	Тн	usband, Wife, Joint, or Community	С	Īυ	Ъ	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	-	ı	Possible medical negligence claim		Ė		
Samantha Fleming 2344 Jasmine Cir Billings, MT 59108		-			ı	X	
Account No.	+	ł	Possible medical negligence claim		\vdash	\perp	0.00
Sammie Perkins 5416 Hwy 120 Meeteetse, WY 82433		-		x	X	x	
	4	╧			L	L	0.00
Account No. Samples Properties 525 Madison St SE #205 Huntsville, AL 35801		-	Possible claim regarding Schneider Limted Partnership	X	×	X	
Account No.	+	+	Possible medical negligence claim		\vdash	+	Unknown
Samuel Stewart 331 Trout Peak Drive Cody, WY 82414		-		×	×	X	0.00
Account No.	╁	+	Possible medical negligence claim		\vdash	\vdash	0.00
Sandie Green 5416 Chicago Road Billings, MT 59105		-		x	X	X	
							0.00
Sheet no. <u>281</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
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CREDITOR'S NAME,	Ç	Н	usband, Wife, Joint, or Community	C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J H		ONTINGENT	L	DISPUTED	AMOUNT OF CLAIM
Sandie Osborne 205 W 2nd N Apt 2 Saint Anthony, ID 83445-1442		-		X	T	x	
Account No.		<u> </u>	Possible medical negligence claim	+	-		0.00
Sandra Alley PO Box 825 Absarokee, MT 59001		-		X	x	x	
Account No.	_	\vdash	Possible medical negligence claim	+	╀	+	0.00
Sandra Brewer 26 Musser Road Cody, WY 82414		_		X	X	x	0.00
Account No.		H	Possible medical negligence claim	+			5.00
Sandra Keeland PO Box 4071 Miles City, MT 59301		_		X	X	x	0.00
Account No.		\vdash	Possible medical negligence claim	+	+	+	0.00
Sandra Lockie 520 Knight Miles City, MT 59301		-		×	x	x	
	L						0.00
Sheet no. <u>282</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H W		CONTINGENT	L Q	DISPUTED	AMOUNT OF CLAIM
Sandra Smith PO Box 203 Burlington, WY 82411		-		X	Х	T	
Account No.	_	┞	Possible medical negligence claim		_	L	0.00
Sandra Taylor PO Box 1978 Casper, WY 82602-1978		_	T coolide medical negligence diami	X	x	x	0.00
Account No.		t	Possible medical negligence claim			\vdash	
Sandra Tippetts PO Box 722 Cowley, WY 82420		-		X	x	x	0.00
Account No.	_	\vdash	Possible medical negligence claim		\vdash	\vdash	
Sandra Turner 1845 Mountain View Dr. Cody, WY 82414		-		x	x	x	0.00
Account No.	_	+	Possible medical negligence claim		_	\vdash	2.30
Sandy Ward 1157 Willow Creek Road Red Lodge, MT 59068		-		x	x	x	
Shoot no. 202 of 240 shoots attached to Schodule of				Sub	tota	<u>L</u>	0.00
Sheet no. <u>283</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o				0.00

In re	John Henry Schneider		Case No	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	H W J C		CONTINGENT	l Q	DISPUTED	AMOUNT OF CLAIM
Sara Ness 813 Wagon Trail Gillette, WY 82718		-		X	Х	T	
Account No.	-	\vdash	Possible medical negligence claim	+	┞		0.00
Sara Webster 834 Riverside Dr Powell, WY 82435		_		x	x	x	0.00
Account No.	┞	╀	Possible medical negligence claim	+	╀	\vdash	0.00
Sarah Cromwell 404 Gay Place Billings, MT 59101		_		×	x	x	0.00
Account No.		H	Possible medical negligence claim	+	\vdash	\vdash	0.00
Sarah Wormald 541 Lane 9 Powell, WY 82435		_		x	x	x	0.00
Account No.		H	Possible medical negligence claim				0.00
Sasha Martin 2607 Phyllis Lane Apt 50 Billings, MT 59102		-		x	x	x	
					L		0.00
Sheet no. <u>284</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
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CDEDITODIC NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	L	DISPUTED	AMOUNT OF CLAIM
Scherry and Gary Lee 78 Higby Rd Box 282 Sheridan, WY 82801		-		×	T	X	
Account No.			Possible medical negligence claim	+	+	_	0.00
Scherry Driggers 151 N Highland Ave Moore, MT 59464		-		X	X	X	
Account No.		H	Possible medical negligence claim	+	+	+	0.00
Scott Carpenter 2220 Kerper Blvd South Cody, WY 82414		-		X	X	X	0.00
Account No.		H	Possible medical negligence claim	+	+	+	0.00
Scott George 338 Road 20 Cody, WY 82414		-		x	X	X	0.00
Account No.		H	Possible medical negligence claim				0.00
Scott Jess PO Box 751 Columbus, MT 59019		-		×	X	X	
							0.00
Sheet no. <u>285</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim	T	E		
Scott Kichman PO Box 2183 Volcano, HI 96785		-		X	Х	х	
							0.00
Account No.			Possible medical negligence claim				
Scott Lester 1645 Wild Lupine Lane Laurel, MT 59044		-		x	Х	X	
							0.00
Account No.	1	T	Possible medical negligence claim	\dagger		Г	
Scott Mendro 506 East Highland Dr Apt 3 Williston, ND 58801		-		x	x	x	
							0.00
Account No.			Possible medical negligence claim				
Scott Price 2369 Westfield Dr Billings, MT 59106		-		x	Х	X	
	╽						0.00
Account No.	-		Possible medical negligence claim				
Scott Smith 876 Lane 38 Burlington, WY 82411		-		Х	×	×	
							0.00
Sheet no. <u>286</u> of <u>340</u> sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
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CREDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	N L I QU I D A T	I S P U T E D	AMOUNT OF CLAIM
Account 140.	1		1 ossible medical negligence dalim		E D		
Shad May PO BOX 34 Trenton, ND 58853		-			Х	ı	
							0.00
Account No.	4		Possible medical negligence claim				
Shan Fluss Box 492 Terry, MT 59349		-		X	X	x	
							0.00
Account No.	1	T	Possible medical negligence claim		T	T	
Shanna Shumaker 1833 Frackleton St Sheridan, WY 82801		-			x	x	
	╽	L			L	L	0.00
Account No.	1		Possible medical negligence claim				
Shannon Canfield 20 Poplar Rd Cody, WY 82414		-		X	X	x	
Account No.	-	_	Possible medical negligence claim		_		0.00
Account No.	1		1 ossible medical negligence claim				
Shannon Kersting 1714 31st St Cody, WY 82414		-		х	X	x	
							0.00
Sheet no287_ of _340_ sheets attached to Schedule of		L	1	Sub	tots	<u>L</u>	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
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CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	11	Q U I	SPUTED	AMOUNT OF CLAIM
1		Possible medical negligence claim	T	E		
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\mathbf{I}		Possible medical negligence claim				
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	T	Possible medical negligence claim		Г	Г	
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		Possible medical negligence claim				
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	CODEBTOR	H W J C	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X Sub	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Axi X X X X X X X X X X X X X	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim XXXX

In re	John Henry Schneider		Case No.	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C H	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	O N L L Q U L D A T E D	DISPUTED	AMOUNT OF CLAIM
Sharon Fluss PO Box 492 Terry, MT 59349		-			Х	T	0.00
Account No.			Possible medical negligence claim				0.00
Sharon Harris PO Box 223 Fromberg, MT 59029		-		×	x	×	
		┸			L		0.00
Account No. Sharon Keyes PO Box 209 Hysham, MT 59038		-	Possible medical negligence claim	×	x	x	0.00
Account No.	+	+	Possible medical negligence claim		H		
Sharon Lloyd 530 South Ingalls Powell, WY 82435		-		x	x	x	0.00
Account No.	+	+	Possible medical negligence claim		\vdash	\vdash	
Sharon Paschke 1116 6th Ave E 106 Williston, ND 58801		-		x	x	x	0.00
Sheet no. <u>289</u> of <u>340</u> sheets attached to Schedule	of		1	Sub	L tota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total o				0.00

In re	John Henry Schneider		Case No	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R) 	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	N L I QU I D A T	D I S P U T E D	AMOUNT OF CLAIM
Account No.	-	ı	Possible medical negligence claim		E		
Sharon Welborn 6532 Highway 312 Billings, MT 59105		-				x	
Account No.		+	Possible medical negligence claim	+	L	_	0.00
Shasta Madsen 126 Stacey Road Volborg, MT 59351		-	1 OSSIDIE MEGICAI NEGIIGENCE CIAIM	x	x	x	0.00
Account No.	+	+	Possible medical negligence claim	+	╁	╀	
Shawn Boylan PO Box 1413 East Helena, MT 59635		-	g.g.	x	X	x	0.00
Account No.		+	Possible medical negligence claim	+	t	+	
Shawn Skorupa PO Box 77 Bridger, MT 59014		-		X	X	x	0.00
Account No.	\dashv	+	Possible medical negligence claim		+	+	3.00
Shawn Smith 312 2nd Street South Shelby, MT 59474		-		×	X	x	
		\perp					0.00
Sheet no. <u>290</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTLNGENT	UNLIQUIDA	I S P U T E D	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim	T	D A T E D		
Shawna Sundberg 816 S 17th Street Worland, WY 82401		-		X	T	х	
Account No.	_	_	Possible medical negligence claim				0.00
Sheila Crowe 811 Spooner Rd Belgrade, MT 59714		-	Toolis model negligenee dalii	x	x	x	0.00
Account No.	╁	┝	Possible medical negligence claim	+	┝	┝	0.00
Sheila Dunkleman 2825 New Hope Drive Cody, WY 82414		-		x	x	x	0.00
Account No.	╁	\vdash	Possible medical negligence claim		\vdash	H	0.00
Sheila Kale 1221 N 5th St Miles City, MT 59301		-		x	X	x	
Account No.	-	<u> </u>	Possible medical negligence claim				0.00
Sheila Kessler 1919 Country Stone St Billings, MT 59106		-		x	X	x	
					L		0.00
Sheet no. <u>291</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H V J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	N L I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ė		
Sheila Konkol 203 AL Drive Belgrade, MT 59714		-			1	X	
Account No.	+	+	Possible medical negligence claim		+	_	0.00
Sheila Rudd 2710 Lane 37 1/2 Greybull, WY 82426		-		×	x	x	
Account No.	4	\downarrow	Describing and included in the second state.		\perp	L	0.00
Sheila Wilken 118 South Weast Ave Absarokee, MT 59001		-	Possible medical negligence claim	x	×	x	0.00
Account No.	+	+	Possible medical negligence claim		t	T	0.00
Shelley Garza 888 Road 5 Powell, WY 82435		-		×	×	x	0.00
Account No.		+	Possible medical negligence claim		+	\perp	0.00
Shelley Thompson 1444 Old Highway 10 Forsyth, MT 59327		-		x	x	x	
							0.00
Sheet no. <u>292</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDED/MODIC VALUE	С	Тн	sband, Wife, Joint, or Community	С	Ιυ	D	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.	1		Possible medical negligence claim		Ė		
Shelley White 1200 Cedar Crest Cir Laurel, MT 59044		-			l	x	
-	1	╀			L		0.00
Account No.	┨		Possible medical negligence claim				
Shelly Gobiasky 936 North 32nd Billings, MT 59101		-		X	×	x	
							0.00
Account No.	1		Possible medical negligence claim	T	T	T	
Shelly Smarsh 1940 Ranch Trail Road Laurel, MT 59044		-		x	x	x	
							0.00
Account No.			Possible medical negligence claim				
Sheri Eaton 609 South 5th Street Greybull, WY 82426		-		Х	x	X	
Associat No.	_	_	Descible claim for indomnity or contribution				0.00
Account No.	1		Possible claim for indemnity or contribution				
Sheridain Surgery Center 1524 W 5th St Sheridan, WY 82801		-		X		x	
							Unknown
Sheet no. <u>293</u> of <u>340</u> sheets attached to Schedule of				Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	1.	_			1	T -	i
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Sherri Boyer Po Box 851 Forsyth, MT 59327		-			х	T	0.00
Account No.		$\frac{1}{1}$	Possible medical negligence claim				0.00
Sherri Rasmussen 120 Sage Drive Cody, WY 82414		-		x	×	x	
							0.00
Account No. Sherry Johnson PO Box 392 Meeteetse, WY 82433		-	Possible medical negligence claim	x	x	x	0.00
Account No.	†	t	Medical malpractice claim		H	H	
Sherry Lee PO Box 282 Sheridan, WY 82801		-		X	x	x	0.00
Account No.	$^{+}$	<u> </u>	Possible medical negligence claim	+	\vdash		0.00
Sheryl Hamburg 419 N Crook Ave Hardin, MT 59034		-		x	x	x	
							0.00
Sheet no. <u>294</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CREDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
Account No.	ł		r ossible medical negligence claim		E	l	
Shirley Cox 465 Cary Street Powell, WY 82435		-			x	l	
							0.00
Account No.			Possible medical negligence claim				
Shirley Ketterling 677 Mont Aqua Road Joliet, MT 59041		-		X	x	×	
							0.00
Account No.	T	T	Possible medical negligence claim		T	T	
Shirley Newson 5008 Stampede Dr Gillette, WY 82718		-		x	x	×	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
Shirley Steck 2567 Newton Avenue Cody, WY 82414		-		x	x	×	
Account No.		+	Possible medical negligence claim			_	0.00
Shon Simpson 4 Weatherby Trail Cody, WY 82414		-		x	x	×	
							0.00
Sheet no. 295 of 340 sheets attached to Schedule of	_			Sub	tota	ı ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	I c	Lu	school Wife Island or Community	Ic	Īυ	Г	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H M		CONTINGENT	N L Q	DISPUTED	AMOUNT OF CLAIM
Sidney Lewis 3702 Blue Avenue Gillette, WY 82718		-		X	X	T	
Account No.		H	Possible medical negligence claim				0.00
Simona Arthur PO Box 64 Riverton, WY 82501	•	-		x	x	x	0.00
Account No.	H	+	Possible medical negligence claim		_		0.00
Sonia Craddock 4 Lewis Avenue Apt 7 Billings, MT 59101		-		X	x	x	0.00
Account No.	-	H	Possible medical negligence claim		╁		0.00
Sonja Lehman 520 Yellowstone Ave Billings, MT 59101		-		x	x	x	0.00
Account No.	\vdash	+	Possible medical negligence claim		\vdash	\vdash	5.55
Sonja Tomalino 609 S Custer Miles City, MT 59301		-		x	x	X	
Sheet no. <u>296</u> of <u>340</u> sheets attached to Schedule of	_			Sub	tota		0.00
Creditors Holding Unsecured Nonpriority Claims			(Total o				0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CREDITOR'S NAME,	C	Н	usband, Wife, Joint, or Community	C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C N H	CONSIDERATION FOR CLAIM. IF CLAIM		NL - QU - DATED	DISPUTED	AMOUNT OF CLAIM
Sonya Koltes 700 12th St Cody, WY 82414		-		×	X	T	
Account No.		_	Possible medical negligence claim	_	_	L	0.00
Spencer Fox 300 N 25th St Apt 404 Billings, MT 59101		-		X	X	×	0.00
Account No.	╁	╀	Possible medical negligence claim	+	╀	+	0.00
Stanley Baker PO Box 675 Worland, WY 82401		-		X	X	×	0.00
Account No.		+	Possible medical negligence claim	+	+	+	0.00
Stanley Court 1619 Cedar View Dr Cody, WY 82414		-		X	x	×	
Account No.	1	+	Possible medical negligence claim		+	ŀ	0.00
Stanley Riley 1102 Stampede Ave Cody, WY 82414		-		x	X	×	
							0.00
Sheet no. <u>297</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C N H	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	N L I QU I D A T I	I S P U T E D	AMOUNT OF CLAIM
	1	l			Þ	┖	
Stanley Siggins 680 Shoshone Street Powell, WY 82435		-		X	x	x	
		l					0.00
Account No.		T	Possible medical negligence claim		T		
Stanley Sundheim PO Box 253 Froid, MT 59226		-		x	X	x	
		l					0.00
Account No.		T	Possible medical negligence claim	T	T	T	
Stephanie Braten 1413 21st Street Cody, WY 82414		-		x	X	x	
							0.00
Account No.	Ţ	T	Possible medical negligence claim	T	T	T	
Stephanie Simanton PO Box 1387 Malta, MT 59538-1387		-		x	X	x	
Account No.		_	Possible medical negligence claim		_		0.00
	1		Todalou medical negligence dialin				
Stephen Boyer Box 497 Forsyth, MT 59327		-		Х	X	x	
							0.00
Sheet no298 of _340 sheets attached to Schedule of		L	I	Sub	tots	1	2.00
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

ODEDITODIG NAME	С	Н	usband, Wife, Joint, or Community		С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J H	DATE OF ADAMAG INCHIDED AN	D AIM E.	ONTINGENT	UNLIQUIDATED	ISPUTED	AMOUNT OF CLAIM
Stephen Chiovaro PO Box 111 Burlington, WY 82411		-				T	Х	
Account No.	╁	ŀ	Possible medical negligence claim					0.00
Stephen Hampton PO Box 793 Sidney, MT 59270		-			х	x	x	
Account No.	╀	L	Notice only					0.00
Stephen Kline PO Box 1938 Cheyenne, WY 82003		-	Notice only					0.00
Account No.	╁	t	Possible medical negligence claim			H	H	
Stephen Suhr 1068 Penny Road Powell, WY 82435		-			х	x	X	
Account No.	╁	<u> </u>	Notice only				<u> </u>	0.00
Stephenson Emery PO Box 10700 Casper, WY 82601		-						
								0.00
Sheet no. <u>299</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(T	S otal of th		tota		0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	_	_		_		_	-
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLLQULDAT	DISPUTED	AMOUNT OF CLAIM
Account No.	ļ	l	Possible medical negligence claim	ľ	Ė	l	
Sterling Albers 2214 Anvill Lane Gillette, WY 82718		_		X	Х	T	
Account No.	┢	╁	Possible medical negligence claim	+	┢	H	
Steve Bogner 584 Butcher Creek Rd Absarokee, MT 59001		_		X	x	×	0.00
Account No.	T	T	Possible medical negligence claim	T	T	T	
Steve Dye 760 Lane 9 1/2 Powell, WY 82435		_		x	x	×	0.00
Account No.	H	t		+	H	t	
Steve Emery Big Horn Basin Bone and Joint Clinic 720 Lindsay Ln Suite C Cody, WY 82414		_					0.00
Account No.	Γ	T	Possible medical negligence claim		T	T	
Steve Estes 17 Miller Dr Cody, WY 82414		_		x	x	×	0.00
Sheet no. <u>300</u> of <u>340</u> sheets attached to Schedule of	-	_		Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	3.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

		_					•
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	H W J C	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Steve Legg PO Box 2370 Colstrip, MT 59323		-			X	Τ	0.00
Account No.	ł		Possible medical negligence claim				0.00
Steve Miner 613 West Huron Lewistown, MT 59457		-		X	x	x	
							0.00
Account No. Steve Olson 707 West Main St Apt 207 Laurel, MT 59044		-	Possible medical negligence claim	X	X	x	0.00
Account No.	t	t	Possible medical negligence claim		t	t	
Steve Pearce 100 River Road Ranchester, WY 82839		-		X	X	x	0.00
Account No.	l	t	Possible medical negligence claim		t		
Steve Schindler 753 S Mountain View Lane Hardin, MT 59034		-		x	X	x	
Sheet no. 301 of 340 sheets attached to Schedule of	_			Su.b	tota	1	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

ODED TO DIG MAN IT	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	G C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ę		
Steve Young PO Box 45 Whitewater, MT 59544		-			Х	х	
							0.00
Account No.			Possible medical negligence claim				
Steven Craig PO Box 2413 Colstrip, MT 59323		-		x	х	x	
							0.00
Account No.		T	Possible medical negligence claim	T		T	
Steven Duffy PO Box 1542 Gillette, WY 82717		-		х	х	x	
		L					0.00
Account No.			Possible medical negligence claim				
Steven Kitto 1928 Frackleton Street Sheridan, WY 82801		-		x	х	x	
Account No.	+		Possible medical negligence claim				0.00
Account 110.	1		1 000ibie medicai negligence dalin				
Steven Knopp 155 Lane 17 Cody, WY 82414		-		Х	x	x	
							0.00
Sheet no302 of _340 sheets attached to Schedule or	 f	_	<u> </u>	Sub	ota	<u>L</u> 1	_
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIGUIDAT	I SPUTED	A	MOUNT OF CLAIM
Account No.			Possible medical negligence claim	- ['	ΙĘ			
Steven Schmidt 439 Miles Avenue Billings, MT 59101		-		x	(×	Ť	1	0.00
Account No.	-	H	Possible medical negligence claim		+	+		
Steven Shores PO Box 732 Sturgis, SD 57785		-		×	×	 	<	0.00
Account No.	H	T	Possible medical negligence claim		t	t	\dagger	
Steven Waliser 647 Lakeland Hills Dr WY 82817		-		x	×	 	<	0.00
Account No.		H	Attorney's fees		T	\dagger		
Stinson Law Group		-						5,000.00
Account No.	\vdash	┝	Possible medical negligence claim		+	+		
Stuart Jones 9735 Rudio Road Billings, MT 59101		-	To the state of th	×	(x		<	0.00
Sheet no. 303 of 340 sheets attached to Schedule of	_	_	ı	Sub	tot	al		5 000 00
Creditors Holding Unsecured Nonpriority Claims			(Total	of this	pa	ge)		5,000.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	С	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	O D E B T O R	C N H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim	ONTINGENT	UNLIQUIDATED	I S P UT E D	AMOUNT OF CLAIM
Account No.	-	l	rossible medical negligence cialin		E	l	
Sue Roach 902 Canyon View Ave Cody, WY 82414		-			х	ı	
							0.00
Account No.			Possible medical negligence claim				
Sula St Mark 4538 Ryan Ave Billings, MT 59101		-		X	x	x	
							0.00
Account No.		Γ	Possible medical negligence claim		Γ	T	
Sunny Horpornsiri 510 6th Ave N Greybull, WY 82426-1834		-		X	x	×	
		L				L	0.00
Account No.	4	l	Possible medical negligence claim				
Susan Bentley 169 Road 20 Cody, WY 82414		-		X	x	x	
Account No.	+	_	Possible medical negligence claim				0.00
Susan Blythe PO Box 335 Colstrip, MT 59323		-	. SSSSS Medical ringingerior daim	X	x	×	
							0.00
Sheet no. <u>304</u> of <u>340</u> sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f	_	(Total of	Sub			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

I∟	lusband, Wife, Joint, or Community		11	D	T .
' V J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	ONL QU L DA		AMOUNT OF CLAIM
	Possible medical negligence claim	T	E		
-			Г	х	
1					0.00
	Possible medical negligence claim				
-		x	x	x	
					0.00
Ť	Possible medical negligence claim		Г	Г	
-		x	x	x	
					0.00
Τ	Possible medical negligence claim				
-		x	x	x	
\downarrow					0.00
	Possible medical negligence claim				
-		X	x	x	
					0.00
					0.00
	⊦ ∨ J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X Possible medical negligence claim X X Subtraction of the possible medical negligence claim X	H W CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Subtota	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X X X X X

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CREDITORIC NAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C N H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim	'	Ė		
Susie Tilton Chiovaro 618 Farmer St Burlington, WY 82411		-			l	x	
							0.00
Account No.	4		Possible medical negligence claim				
Suzann Nelson 1237 Deerhorn Dr Laurel, MT 59044		-		X	X	x	
							0.00
Account No.		T	Possible medical negligence claim	T	T	T	
Suzanne Cole 5886 Greybull Hwy Cody, WY 82414		-		X	x	x	
		L				L	0.00
Account No.			Possible medical negligence claim				
Suzie Woods 1803 US Hwy 87 East F Billings, MT 59101		-		X	X	x	
	\downarrow						0.00
Account No.	+		Possible medical negligence claim				
Sylvia Ernst 115 Legion Miles City, MT 59301		-		X	x	x	
							0.00
Sheet no. <u>306</u> of <u>340</u> sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS MANE	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	N L I QU I D A T	I S P U T E D	AMOUNT OF CLAIM
1100 mm 110.	1		Toolisia maalaa magiiganaa alaiin		þ	L	
Tamara Loyning 14 Lapin St Billings, MT 59105		-			x	ı	
							0.00
Account No.		T	Possible medical negligence claim		T	l	
Tammie Walters 116 S 28th Street Billings, MT 59101		-		x	X	x	
							0.00
Account No.	T	T	Possible medical negligence claim	T	T	T	
Tammra Huether 1420 4th Ave E Dickinson, ND 58601		-		x	x	x	
							0.00
Account No.			Possible medical negligence claim				
Tammy Logan PO Box 224 Frannie, WY 82423		-		X	X	x	
Account No.	╀	_	Possible medical negligence claim		L		0.00
7.000 m. 110.	1		1 Sociolo modical negligence ciaim				
Tammy Thompson 2320 Cover Street Cody, WY 82414		-		X	x	x	
							0.00
Sheet no307_ of _340_ sheets attached to Schedule of		L	1	Sub	tots	<u>L</u>	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	Ic	Τυ	usband, Wife, Joint, or Community	С	Lu	D	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C H W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	ONL I QU I DATED	SPUTED	AMOUNT OF CLAIM
Tammy Tschacher 2564 Sweetwater Trail Cheyenne, WY 82009		-			X	T	0.00
Account No. Tara Ely	+		Possible medical negligence claim				
543 Cary Street Powell, WY 82435		-		X	X	X	0.00
Account No. Tary Hanson PO Box 2311 Colstrip, MT 59323		-	Possible medical negligence claim	X	X	x	
Account No.	+	$\frac{1}{1}$	Possible medical negligence claim				0.00
Tay Dillon 333 8th Avenue North Greybull, WY 82426		-		x	X	x	0.00
Account No.	\dagger	\dagger	Possible medical negligence claim		H		0.00
Tebbie Heny 1274 Road 5 Powell, WY 82435		-		x	X	x	
							0.00
Sheet no. <u>308</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	f		(Total o	Sub f this			0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

	Τc	I	sband, Wife, Joint, or Community	10	Lii	D	I
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTLNGENT	UNLLQULDA	SPUTED	AMOUNT OF CLAIM
Account No.	_		Possible medical negligence claim	T	DATED		
Ted Letz 641 Sapphire Ave Billings, MT 59105		-		X	Х	х	
	_						0.00
Account No.	4		Possible medical negligence claim				
Ted Millhollin 413 Eagle Miles City, MT 59301		-		X	×	×	
							0.00
Account No.	1	T	Possible medical negligence claim	t	T	T	
Ted Vaughan 3225 Freeport Blvd Apt 312 Sacramento, CA 95818		-		x	x	x	
							0.00
Account No.			Possible medical negligence claim				
Teddy Dodd PO Box 266 Lovell, WY 82431		-		x	X	x	
	╽						0.00
Account No.	+		Possible medical negligence claim				
Tempe Arizona 1898 Ford Road 27d Sheridan, WY 82801		-		Х	×	×	
							0.00
Sheet no. <u>309</u> of <u>340</u> sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f	_	(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

Τc	Luc	ahand Wife laint or Community	10	111	Ь	
CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	OZL-QU-DA	SPUTED	AMOUNT OF CLAIM
		Possible medical negligence claim	T	E		
	-		X	Г	х	
						0.00
4		Possible medical negligence claim				
	-		Х	x	x	
						0.00
	T	Possible medical negligence claim	T	T	T	
	-		x	x	x	
						0.00
4		Possible medical negligence claim				
	-		x	X	X	
						0.00
4		Possible medical negligence claim				
	-		x	X	x	
						0.00
f	_					0.00
	CODDEBTOR f	ODEBTOR -	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X	Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim X X X	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Possible medical negligence claim Axi X X X X X X X X X X X X X X X X X X X

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITOR'S NAME,	C Husband, Wife, Joint, or Community				Ç	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE Possible medical negligence claim	O IIM	CONTINGENT	NLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Terri Hansen 36 North Ridge Drive Cody, WY 82414		-		Ī	┪		х	
Account No.	╀	-	Possible medical negligence claim		_			0.00
Terri Massey 1845 Canary Ave Billings, MT 59101		-			x	X	x	
Account No.	╀	┞	Possible medical negligence claim		_			0.00
Terri Preston PO Box 591 Lyman, WY 82937		-			x	X	x	0.00
Account No.	\dagger	H	Possible medical negligence claim					0.00
Terry Annalora PO Box 968 Miles City, MT 59301		-			x	X	x	
Account No.	╀	\vdash	Possible medical negligence claim		-			0.00
Terry Colbrese PO Box 235 Colstrip, MT 59323		-			x	X	x	
								0.00
Sheet no. <u>311</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			, (T.	Su otal of thi				0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CDED MODIS VALVE	С	Тн	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ė		
Terry Johnson PO Box 466 Forsyth, MT 59327		-				х	
Account No.	4	+	Possible medical negligence claim	-	L		0.00
Terry Kinsman 344 North Absaroka Street Powell, WY 82435		-	Possible medical negligence claim	x	X	x	
	4	╀		\perp	L		0.00
Account No. Terry McConnell 3111 Ave F Billings, MT 59102		-	Possible medical negligence claim	x	X	x	0.00
Account No.	+	+	Possible medical negligence claim	+	t	H	
Terry McGahey PO Box 1121 Cody, WY 82414		-		X	X	x	0.00
Account No.	╁	+	Possible medical negligence claim	+	\vdash	H	0.00
Terry Romero PO Box 771 Basin, WY 82410		-		X	X	x	
							0.00
Sheet no. <u>312</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITODIC NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H H		ONT INGENT	L	DISPUTED	AMOUNT OF CLAIM
Tess Reed 1298 Road 19 Powell, WY 82435		-		X	T	х	
		L					0.00
Account No. Tex Good Luck II PO Box 95 Wyola, MT 59089		_	Possible medical negligence claim	X	x	x	0.00
Account No.		t	Possible medical negligence claim	\dagger	t	t	
Than Christman 10 Cherry Creek Loop Billings, MT 59105		_		x	X	x	0.00
Account No.		H	Possible medical negligence claim	+	+	H	
Theresa Hobbs 456 S Edmonds Powell, WY 82435		-		X	x	x	0.00
Account No.	_	H	Possible medical negligence claim		+	H	
Theron Gibbons 310 Bluebell Lane Worland, WY 82401		-		X	X	x	
							0.00
Sheet no. <u>313</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	_	_			_	_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	UNLLQULDAT	DISPUTED	AMOUNT OF CLAIM
Account No.		l	Possible medical negligence claim	'	ΙĘ		
Thomas Bair 418 South Custer Miles City, MT 59301		-		×	X	T	
Account No.		┢	Possible medical negligence claim	-	+	╁	
Thomas Beall 307 South Tracy Bozeman, MT 59715		-		×	X	X	X 0.00
Account No.		t	Possible medical negligence claim	\dashv	t	t	
Thomas Cordova 2051 South 5500 West Rexburg, ID 83440		-		×	X	X	X 0.00
Account No.		\vdash	Possible medical negligence claim		+	+	
Thomas Dillon 112 Box N Ranch Road Gillette, WY 82718		-		×	×	×	X 0.00
Account No.		f	Possible medical negligence claim		t	t	
Thomas Elliot 3051 129 Ave NW Arnegard, ND 58835		-		×	X	×	X 0.00
Sheet no. <u>314</u> of <u>340</u> sheets attached to Schedule of		_		Sub	l tot:	<u>L</u> al	
Creditors Holding Unsecured Nonpriority Claims			(Total o				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITIONIS MANTE	С	Тн	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	N L I QU I D A T	DISPUTED	AMOUNT OF CLAIM
Account No.	-		Possible medical negligence claim		Ė		
Thomas Harriet 25 Burger Lane Buffalo, WY 82834		-			l	X	
							0.00
Account No.			Possible medical negligence claim				
Thomas Henry 1469 DeSmet Avenue Sheridan, WY 82801		-		X	x	x	
							0.00
Account No.		t	Possible medical negligence claim		t	T	
Thomas Howard PO Box 141 Bridger, MT 59014		-		X	x	x	
							0.00
Account No.		T	Possible medical negligence claim				
Thomas Jones 1142 Ryan Rd Ralston, WY 82440		-		X	x	x	
A cooper No			Descible medical realizance alaim				0.00
Account No.	\dashv		Possible medical negligence claim				
Thomas McDermott 641 Road 8 Thermopolis, WY 82443		-		X	x	x	
							0.00
Sheet no. <u>315</u> of <u>340</u> sheets attached to Schedule	of			Sub			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CREDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
Treesum 110.	ł		The decision meaned magniferness diamin		Þ	L	
Thomas McDonald 2936 Paintbrush Lane Worland, WY 82401		-			x	l	
							0.00
Account No.		T	Possible medical negligence claim			T	
Thomas Salazar 1048 Kristin Drive Billings, MT 59101		-		X	x	×	
							0.00
Account No.	T	T	Possible medical negligence claim		T	T	
Thomas Tremelling 1305 29th Street Cody, WY 82414		-		X	x	×	
							0.00
Account No.		Γ	Possible medical negligence claim		Γ	Γ	
Thomas Wagner 43 The Way West Cody, WY 82414		-		X	x	×	<u> </u>
Account No.	Ļ	-	Possible medical negligence claim			-	0.00
Thomas Wankel PO Box 175 Angela, MT 59312		-		×	x	×	
							0.00
Sheet no. <u>316</u> of <u>340</u> sheets attached to Schedule of				Sub	L tota	ı ıl	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0.00

In re	John Henry Schneider		Case No.	14-61357	
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	С	Тни	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	UNLIQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ė		
Thomas Wesley 35 Oshoto Rd Moorcroft, WY 82721		-			х	х	
		┖					0.00
Account No.	4		Possible medical negligence claim				
Ticy Johnson PO Box 71 Wright, WY 82732		-		X	x	x	
							0.00
Account No.	\dagger	+	Possible medical negligence claim	+	\vdash	\vdash	
Tim Elder 3113 E Ave Cody, WY 82414		-		X	x	x	
							0.00
Account No.			Possible medical negligence claim				
Tim Wetstein 61 East Elbow Creek Road Joliet, MT 59041		-		x	x	x	
A N-	_		Describle readical negligance deign				0.00
Account No.	+		Possible medical negligence claim				
Timmothy Rindahl PO Box 95 Crow Agency, MT 59022		-		X	x	x	
							0.00
Sheet no. <u>317</u> of <u>340</u> sheets attached to Schedule of	 of		<u> </u>	Subi	tota	<u>L</u> 1	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	10	1	shoul Wife Isiat as Community	10		Г	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim	T	E		
Timothy DeFuentes 1205 Lane 12 Lovell, WY 82431		-		X	Г	х	
		L				L	0.00
Account No.	4		Possible medical negligence claim				
Timothy Downing 1019 Cottonwood Blvd Billings, MT 59105		-		X	x	×	
							0.00
Account No.		T	Possible medical negligence claim		Г	T	
Timothy Hubbard PO Box 95 Ashland, MT 59003		-		x	x	x	
							0.00
Account No.			Possible medical negligence claim				
Timothy Kautzman PO Box 2457 Colstrip, MT 59323		-		x	x	x	
							0.00
Account No.	4		Possible medical negligence claim				
Timothy Krebsbach PO Box 545 Terry, MT 59349		-		X	x		
							0.00
Sheet no. <u>318</u> of <u>340</u> sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U		
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDATE	I S P UT E D	AMOUNT OF CLAIM
	1				Þ	\downarrow	
Timothy Schaff Box 41 Fishtail, MT 59028		-		Х	X	; >	
							0.00
Account No.	İ	t	Possible medical negligence claim		T	t	
Timothy Starkey PO Box 127 Laurel, MT 59044		-		x	X	()	
							0.00
Account No.		Γ	Possible medical negligence claim			Τ	
Timothy Stinson PO Box 95 Colstrip, MT 59323		-		×	X	() ()	C C
							0.00
Account No.		Γ	Possible medical negligence claim			T	
Timothy Ward 1520 23rd St Cody, WY 82414		-		×	X	()	ζ.
Account No.	_	_	Possible medical negligence claim	-	L	_	0.00
Account NO.	1		Trossible medical negligence claim				
Tina Moore 104 E Walnut St Gillette, WY 82718-6317		-		X	x	; >	
							0.00
Sheet no. 319 of 340 sheets attached to Schedule of			1	Sub	l tota	⊥ al	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITORIS MANE	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	L	DISPUTED	AMOUNT OF CLAIM
Tina Webb 506 Middle Road Miles City, MT 59301		-		X	T	x	
		L			L	L	0.00
Account No. Tod Larson 1432 Bleistein Ave Cody, WY 82414		-	Possible medical negligence claim	×	×	x	0.00
Account No.	T	t	Possible medical negligence claim		t	t	
Todd Glandt 1613 Big Horn Ave Apt A5 Cody, WY 82414		-		X	x	x	0.00
Account No.	H	+	Possible medical negligence claim	+	+	t	
Todd Larson 3940 Wood Creek Drive Billings, MT 59106		-		×	X	X	0.00
Account No.		t	Possible medical negligence claim		t	T	
Todd Williams PO Box 23 Sweet Grass, MT 59484		-		X	X	X	
							0.00
Sheet no. <u>320</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	-	_	(Total of	Sub			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	H W	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UZLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Todd Wilson 2605 East I Ballantine, MT 59006		-			X	T	0.00
Account No.	t	_	Possible medical negligence claim				0.00
Tom Conroy 1931 Clark Ave Billings, MT 59102		-		X	×	x	
		L					0.00
Account No. Tom Gerondale 369 Mt McKinley Drive Billings, MT 59102		-	Possible medical negligence claim	X	x	x	0.00
Account No.	$^{+}$	t	Possible medical negligence claim	+			0.00
Tom Nelson PO Box 52 Huntley, MT 59037		-		X	x	x	0.00
Account No.	╁	t	Possible medical negligence claim		\vdash	\vdash	
Tomi Hoblit 9510 North Highway 14 16 Gillette, WY 82716		-		x	X	x	
							0.00
Sheet no. <u>321</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub f this			0.00

In re	John Henry Schneider		Case No.	14-61357	
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CDEDITODIC NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONT INGENT	L	DISPUTED	AMOUNT OF CLAIM
Toni Marosok 378 Idaho Ave Sheridan, WY 82801		-		X	T	X	
							0.00
Account No. Tony Elliott 1281 Hwy 30 Otto, WY 82434		-	Possible medical negligence claim	X	x	x	0.00
Account No.	t	t	Possible medical negligence claim		t	T	
Tony Harbaugh 10 South Saturday Dr Miles City, MT 59301		-		X	X	X	0.00
Account No.	┢	t	Possible medical negligence claim		+	+	
Tony Sellers 2310 East Maryland No. 2 Laurel, MT 59044		-		X	x	x	0.00
Account No.	╁	t	Possible medical negligence claim	+	+	+	
Tracee Raymond PO Box 2213 Colstrip, MT 59323-2213		-		×	X	x	
							0.00
Sheet no. <u>322</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	•		(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	_	_			_	_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	H W J C	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Tricia Yeager 18 Main St Kinsey, MT 59338		-			X	Τ	0.00
Account No.		l	Possible medical negligence claim		$\frac{1}{1}$	H	0.00
Twila McWilliams 1132 St. Johns Billings, MT 59102		-		x	x	x	
		L				L	0.00
Account No. Twila Roussan 2804 Cowgill Road Cody, WY 82414		-	Possible medical negligence claim	x	×	×	0.00
Account No.		ŀ	Possible medical negligence claim		\perp	l	
Ty Henrichs 206 F St. Cody, WY 82414		-		x	x	x	0.00
Account No.		t	Possible medical negligence claim				
Tyler Ostwalt 1017 11th Ave Laurel, MT 59044-1616		-		x	x	x	
Sheet no. <u>323</u> of <u>340</u> sheets attached to Schedule of	_	L		Sub	tota	1	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total o				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITODIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	ONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
Account No.	1	l	Fossible medical negligence claim		E	l	
Tyrone Edelman 407 Ryan Drive Glendive, MT 59330		-			x	l	
		L					0.00
Account No.	l	l	Possible medical negligence claim				
Unakay Decock PO Box 112 Columbus, MT 59019		-		x	x	×	<u> </u>
		l					0.00
Account No.		T	Possible medical negligence claim	T	T	T	
Valerie Hinton 837 Ginger Ave Billings, MT 59105		-		x	x	×	
							0.00
Account No.		Γ	Possible medical negligence claim				
Valerie Walker 1558 Road 9 1/2 Lovell, WY 82431		-		x	x	×	<u> </u>
A N -			Descible modical modificace alains				0.00
Account No.	ł		Possible medical negligence claim				
Vance Vanderploeg 2656 Lane 37 1/2 Greybull, WY 82426		-		X	x	×	
							0.00
Sheet no. <u>324</u> of <u>340</u> sheets attached to Schedule of	_		1	Sub	L tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CDEDITODIC NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	J C	CONSIDERATION FOR CLAIM. IF CLAIM	ONT INGENT	L	DISPUTED	AMOUNT OF CLAIM
Vanessa Bourandas 839 Mcintosh Road Powell, WY 82435		-		×	X	T	
Account No. 1734			Trade debt		<u> </u>	<u> </u>	0.00
Vantage Sourcing PO Box 6786 Dothan, AL 36302		-					116.18
Account No.	╁	+	Possible medical negligence claim	+	╀	╀	110.10
Ventura Nevarez 225 South Division Street Powell, WY 82435		-		x	X	×	0.00
Account No.	H	t	Possible medical negligence claim	+	t	t	0.00
Vera Chouinard 208 C Street Cody, WY 82414		-		×	X	×	0.00
Account No.		t	Possible medical negligence claim				
Vera Sackman PO Box 1 Fallon, MT 59326		-		×	X	×	
							0.00
Sheet no. <u>325</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	-	_	(Total of	Sub			116.18

In re	John Henry Schneider			Case No.	14-61357	
_		Debtor	-/			

	Ic	I	sband, Wife, Joint, or Community	10	Lii	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		UNLLQULDA	SPUTED	AMOUNT OF CLAIM
Account No.			Possible medical negligence claim	Т	DATED		
Verla Bunnell PO Box 711 Basin, WY 82410		-		X	Х	х	
							0.00
Account No.	_		Possible medical negligence claim				
Vernon Mashek 106 N Crestwood Billings, MT 59102		-		X	×	x	
							0.00
Account No.		T	Possible medical negligence claim	\dagger	T		
Veronica Brown 1122 North 22nd Billings, MT 59101		-		X	x	x	
		L					0.00
Account No.			Possible medical negligence claim				
Vesa Cozzens 220 Grand Street Powell, WY 82435		-		X	Х	x	
							0.00
Account No.	\dashv		Possible medical negligence claim				
Vi Madu 679 Michael Drive Sheridan, WY 82801		-		X	×	x	
							0.00
Sheet no. <u>326</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of	<u>' </u>	(Total of	Sub this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	С	Тн	usband, Wife, Joint, or Community	С	Ιυ	Īρ	•
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGENT	NLIQUIDATE	DISPUTED	AMOUNT OF CLAIM
Vickey Philips 1098 Road 19 Powell, WY 82435		-		X	T	х	
Account No.			Possible medical negligence claim	+	<u> </u>	<u> </u>	0.00
Vicki Helm 127 Helm Scenic Cir Miles City, MT 59301		-		x	X	x	
					L		0.00
Account No. Vickie LeRoy 747 North Absaroka D6 Powell, WY 82435		-	Possible medical negligence claim	X	X	x	0.00
Account No.	l	t	Possible medical negligence claim	+	t	H	
Vicky Tusler Box 636 Terry, MT 59349		-		X	X	x	
Account No.		ŀ	Possible medical negligence claim	+	\vdash	\vdash	0.00
Victor Riley 1130 Sheridan Ave Cody, WY 82414		-		x	x	x	
						L	0.00
Sheet no. <u>327</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

CREDITORIC NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	ONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAF	I S P U T E D	AMOUNT OF CLAIM
1100001111101	ł		maiprastice diami		Þ	L	
Victor Uffelman PO Box 39 Hardin, MT 59034		-			x	l	
							Unknown
Account No.	T	T	Possible medical negligence claim		T	T	
Vince Cervantes 332 Holly Ave Worland, WY 82401		-		X	x	×	(
							0.00
Account No.			Possible medical negligence claim			Γ	
Viola Beehler 45 Cottonwood Dr Colstrip, MT 59323		-		X	x	×	K.
							0.00
Account No.		Γ	Possible medical negligence claim		Γ	Γ	
Viola Unruh 256 Eureka St Wolf Point, MT 59201		-		X	x	×	K.
Account No.	-	-	Possible medical negligence claim		L		0.00
Account 140.	ł		1 ossible medical negligence daim				
Virginia Bien 29 Lonetree Lane Cody, WY 82414		-		X	x	×	
							0.00
Sheet no. 328 of 340 sheets attached to Schedule of			1	Sub	L tota	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No.	14-61357	
_		Debtor			

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
Treesum 110.	ł		The decision means an inegrigeness diam.		D	L	
Virginia Jensen 129 Antelope Dr Greybull, WY 82426		-			x	l	
							0.00
Account No.		T	Possible medical negligence claim				
Virginia Mees 4125 Cooper Lane Cody, WY 82414		-		x	x	×	
							0.00
Account No.	T	t	Possible medical negligence claim		T	T	
Virginia Reed 2966 Palm Drive Billings, MT 59102		-		×	x	×	
							0.00
Account No.		Γ	Possible medical negligence claim				
Vivian Beenblossom 54 Belfry Highway 1 Cody, WY 82414		-		x	x	×	<u> </u>
Account No		_	Descible medical regligence alaim	_		L	0.00
Account No.	$\left\{ \right.$		Possible medical negligence claim				
Walt Morris 8547 King Ave W Billings, MT 59106		-		X	x	×	
							0.00
Sheet no. <u>329</u> of <u>340</u> sheets attached to Schedule of	_		1	Sub	L tota	L il	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

ODED WORK AND TO	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Account No.	4		Possible medical negligence claim		Ę		
Walter Brewer 114 South Prairie Ave Miles City, MT 59301		-			х	х	
A W	_		Describle and local and local and local	_			0.00
Account No. Walter Hauber 34 Soda Well Road Weston, WY 82731		-	Possible medical negligence claim	x	x	x	0.00
Account No.	╁	t	Possible medical negligence claim	$^{+}$	Н	\vdash	
Walter Plaggemeyer 128 Wheeler Creek Rd Big Timber, MT 59011		-		Х	x	x	0.00
Account No.	+	╁	Possible medical negligence claim	+	\vdash	\vdash	0.00
Wanda Bennion PO Box 82 Meeteetse, WY 82433		-		Х	x	x	0.00
Account No.	+	\vdash	Possible medical negligence claim			\vdash	0.30
Wanda Dokken 4977 140th Avenue NW Williston, ND 58801		-		X	x	x	0.00
							0.00
Sheet no. <u>330</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Subt			0.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	Тс	ΤH	usband, Wife, Joint, or Community	С	Ιυ	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H V J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	NL I QU I DAT	DISPUTED	AMOUNT OF CLAIM
Account No.	_		Possible medical negligence claim	ľ	Ė		
Wanda Shorb 20 Road 19 H Cody, WY 82414		-				х	
Account No.	+	╀	Possible medical negligence claim	+	┝	┝	0.00
Wanda Smith PO Box 291 Meeteetse, WY 82433		-		x	X	x	0.00
Account No.	\dashv	+	Possible medical negligence claim	+	+	\vdash	
Wayne Carrier 709 South Trails Cir Gillette, WY 82718		-		x	X	x	0.00
Account No.	\dashv	+	Possible medical negligence claim	+	H	H	0.00
Wayne Luttrull Jr 2021 Stower Dr Miles City, MT 59301		-		x	X	x	0.00
Account No.	\dashv	+	Possible vail piercing claim (debt owned by	+	+		0.00
Wells Fargo P. O. Box 660041 Dallas, TX 75266		-	Schneider Limited Partnership)	X		x	
							650,000.00
Sheet no. <u>331</u> of <u>340</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub			650,000.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITOD'S NAME	Ç	Н	usband, Wife, Joint, or Community	Ç	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Account No. 7993	1		Loan	T	E		
Wells Fargo Merchant Services PO Box 17548 Denver, CO 80217		-					286.00
Account No.	t	t	Possible medical negligence claim		t	t	
Wendy Barker 173 North Division Powell, WY 82435		-		X	x	X	
Account No.	┡	╀	Possible medical negligence claim		L	╀	0.00
Wendy Bleacher PO Box 1236 Columbus, MT 59019		-	Tossible medical negligence claim	X	x	X	0.00
Account No.	╁	H	Possible medical negligence claim		H	+	0.00
Wendy Branum 113 North Strevell Avenue Miles City, MT 59301		-		X	x	x	
Account No.	╁	+	Possible medical negligence claim	+	\vdash	\vdash	0.00
Wendy Sweeny 601 Park Ave Worland, WY 82401		-		x	x	X	
							0.00
Sheet no. <u>332</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			286.00

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	10	1		_		_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.	1		Possible claim for indemnity or contribution	Т	E		
West Park Hospital 707 Sheridan Ave Cody, WY 82414		-			Х	х	Unknown
Account No.	╀	┡	Possible liability for guaranty of Schneider Limited				OHRHOWH
Western Security Bank Attn.Gregg Guekert 2675 King Ave West Billings, MT 59102		-	Partnership	х		x	
							545,000.00
Account No. 1007 WestPark Hopsital 707 Sheridan Ave Cody, WY 82414		-	Trade debt				76.58
Account No.	╁	H	Possible medical negligence claim				
Wetzel Blankenship PO Box 2331 Colstrip, MT 59323		-		х	x	x	0.00
Account No.	+	\vdash	Possible medical negligence claim				0.30
Weymeth Long PO Box 4019 Gillette, WY 82717-4019		-		x	x	x	0.00
Shoot no. 222 of 240 shorts supplied to Sci. 1.1. S				\ \	L.	<u>L</u>	0.00
Sheet no. <u>333</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the	Subt his j			545,076.58

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	_	_			_	_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLLQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.	l	l	Possible medical negligence claim	T	E		
Will Van Dyken 54 Arrowhead Trail Bozeman, MT 59718		-		×	T	X	
Account No.	┝	┝	Possible medical negligence claim		╁	╁	0.00
Willamae Shuler 1180 Road 9 Powell, WY 82435		-		×	×	X	0.00
Account No.	H	┢	Possible medical negligence claim		+	+	
Willard Johnson 1801 Lyndale Lane Billings, MT 59102		-		×	×	×	0.00
Account No.	┢	H	Possible medical negligence claim		t	t	
William Anderson 140 W Esval Rd Peerless, MT 59253-9623		-		×	×	×	0.00
Account No.	\vdash	\vdash	Possible medical negligence claim		+	+	
William Beebe 654 Lane 5 Powell, WY 82435		-		×	×	X	0.00
Sheet no. <u>334</u> of <u>340</u> sheets attached to Schedule of		L		Sub	tot	 a1	3.00
Creditors Holding Unsecured Nonpriority Claims			(Total				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITORIS NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTLNGENT	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Treesum 110.	1		The control of the co		D	L]
William Bishop PO Box 70411 Fairbanks, AK 99707		-		x	x	x	
							0.00
Account No.		T	Possible medical negligence claim		T	T	
William Borders 2120 Shoshone Trail S Cody, WY 82414		-		x	x	x	
							0.00
Account No.	T	T	Possible medical negligence claim		T	T	
William Burke 111 North Center Miles City, MT 59301		-		x	x	x	
							0.00
Account No.			Possible medical negligence claim				
William Cleary 11300 C. A. Road Shepherd, MT 59079		-		x	x	x	
Account No.	L	L	Possible medical negligence claim			_	0.00
Treesum 110.	1		Todalou modicul mogrigorice ciaim				
William Cramer 645 Road 9 Powell, WY 82435		-		X	x	x	
							0.00
Sheet no. <u>_335</u> of <u>_340</u> sheets attached to Schedule of			<u> </u>	Sub	L tota	<u>L</u>	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	l c	Lu	shood Wife laint or Community		Ιυ	Iъ	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H M		CONTINGENT	N L I C	DISPUTED	AMOUNT OF CLAIM
William Cramer 872 Lane 6 Powell, WY 82435		-		X	X	T	
Account No.	_	╀	Possible medical negligence claim		\vdash	\vdash	0.00
William DuRose 414 East 8th Street Powell, WY 82435		-		X	X	x	0.00
Account No.	_	+	Possible medical negligence claim		+	H	0.00
William Gregg PO Box 748 Colstrip, MT 59323		_		x	X	x	0.00
Account No.		\vdash	Possible medical negligence claim		H	H	
William Gross PO Box 3325 Gillette, WY 82717		-		x	X	x	0.00
Account No.		_	Possible medical negligence claim		H		0.00
William Lee 21 Lilac St Casper, WY 82604-3891		-		x	X	x	
						Ļ	0.00
Sheet no. <u>336</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

CDEDITODIC NAME	С	Н	usband, Wife, Joint, or Community	С	U	D	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	NLIQUIDAT	I S P U T E D	AMOUNT OF CLAIM
1100 and 110.	1		Todalida modilida modiligonido didami		D		
William Myers 888 N Gilbert St 16 Powell, WY 82435		-			X	ı	
							0.00
Account No.			Possible medical negligence claim				
William Richey 1011 Ave K Powell, WY 82435		-		X	X	x	
							0.00
Account No.		T	Possible medical negligence claim		Г	T	
William Ridenour PO Box 703 Ashland, MT 59003		-		×	x	x	
							0.00
Account No.		T	Possible medical negligence claim			Γ	
William Rogers PO Box 831 Shelby, MT 59474		-		X	X	x	
Account No.	1	-	Possible medical negligence claim	_			0.00
Account NO.	1		11 OSSIDIE MEGICAI NEGIIGENCE CIAIM				
William Spuhl PO Box 456 Meeteetse, WY 82433		-		X	x	x	
							0.00
Sheet no. <u>337</u> of <u>340</u> sheets attached to Schedule or			1	Sub	l tota	<u>I</u> ւl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	Ιc	Lu	ichood Wife Isiat or Community	10	Lii	Г	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C H W		CONTINGENT	ONL QU L DATED	DISPUTED	AMOUNT OF CLAIM
William Stanton 725 N 25th Street Apt 713		-		X	Г	X	
Billings, MT 59101							0.00
Account No.	T	T	Possible medical negligence claim				
William Tokar 894 Riverside Drive Powell, WY 82435		-		x	x	x	
							0.00
Account No.		Γ	Possible medical negligence claim				
William Walker 640 Williams Ave Buffalo, WY 82834		-		x	Х	Х	
		L					0.00
Account No.	ł		Possible medical negligence claim				
Willie Pond 622 Pimberton Lane Billings, MT 59105		-		x	X	X	
Account No.		_	Possible medical negligence claim	-			0.00
Wilma Strasser 129 Antelope Dr Greybull, WY 82426	-	_		x	x	x	
							0.00
Sheet no. <u>338</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	•	<u> </u>	(Total of	Sub this			0.00

In re	John Henry Schneider		Case No	14-61357	
•		Debtor	,		

	Тc	Н	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H H	DATE CLANAWAG INCUIDED AND		NL I QU I DAT	D I S P U T E D	AMOUNT OF CLAIM
Account No.	-		Possible medical negligence claim		Ė		
Wilson Newman PO Box 63 Ingomar, MT 59039		-				Х	
Account No.	-	+	Possible medical negligence claim		┝		0.00
Woodrow Garner PO Box 1360 Glenrock, WY 82637		-		x	X	x	0.00
Account No.	╀	╀	Notice only	+	╀	╀	0.00
Worrall & Greear PO Box 552 Worland, WY 82401		-					0.00
Account No.	+	+	Possible medical negligence claim		t		
Wyman Brooks 16 N Glen Drive Billings, MT 59102		-		X	X	x	0.00
Account No.	+	+	Administgrative judgment (on appeal). Civil fine	+	+	\vdash	0.00
Wyoming Board of Medicine 130 Hobbs Avenue, Suite A Cheyenne, WY 82002		-	\$25,000; costs \$124,431.39			x	
							149,431.39
Sheet no. <u>339</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			149,431.39

In re	John Henry Schneider	,	Case No.	14-61357	
_		Debtor			

	16	Luc	shood Wife Isiat on Organisis	10	l	L	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	IS SUBJECT TO SETOFF, SO STATE.	CORFIRGERF	DNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.	ł		Possible medical negligence claim	- '	Ė		
Yolanda Bevon 610 Alder Ave Laurel, MT 59044		-			T	x	
A (N			Describle medical regularization of the		L	L	0.00
Account No.	ł		Possible medical negligence claim				
Yvlonda Watts 2029 24th Street West Billings, MT 59102		-		x	X	x	
							0.00
Account No.		Γ	Possible medical negligence claim		Γ	T	
Zachary Peila 3127 Cedar Street Miles City, MT 59301		-		x	X	x	
							0.00
Account No.	T		Possible medical negligence claim		T	T	
Zane Longacre PO Box 914 Colstrip, MT 59323		-		x	X	x	
							0.00
Account No.	Γ		Possible medical negligence claim				
Zane Worman 30 Shooting Park Road Gillette, WY 82718		-		x	x	x	
							0.00
Sheet no. <u>340</u> of <u>340</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			[Total of	Sub			0.00
			(Report on Summary of S	7	ota	al	4,763,771.86

14-61357-RBK Doc#: 17 Filed: 12/12/14 Entered: 12/12/14 16:25:47 Page 356 of 371

B6G (Official Form 6G) (12/07)

In re	John Henry Schneider		Case No.	14-61357	
	·	Debtor			

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. 14-61357-RBK Doc#: 17 Filed: 12/12/14 Entered: 12/12/14 16:25:47 Page 357 of 371

B6H (Official Form 6H) (12/07)

In re	John Henry Schneider		Case No	14-61357
		Debtor		

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

Fill in this information to	o identify your case:	
Debtor 1	John Henry Schneider	
Debtor 2 (Spouse, if filing)		
United States Bankrupt	tcy Court for the: DISTRICT OF MONTANA	
	61357	Check if this is:
(If known)		☐ An amended filing
		A supplement showing post-petition chapter 13 income as of the following date:
Official Form	B 6I	MM / DD/ YYYY
Sahadula li Y	Vour Incomo	4040

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed □ Not employed	☐ Employed ☐ Not employed
	employers.	Occupation	Physician	
	Include part-time, seasonal, or self-employed work.	Employer's name		
	Occupation may include student or homemaker, if it applies.	Employer's address	3611 Tommy Armour Circle Billings, MT 59106	
		How long employed the	nere? 20 Years	
		41.1		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

		For Debtor 1			Debtor 2 or -filing spouse
2.	\$	0.00	9	\$	N/A
3.	+\$	0.00	+	- \$	N/A
4.	\$	0.00		\$	N/A

Debto	r 1	John Henry Schneider	-	Case	number (if known)	14-613	357	
	•	vallere Albana	4		Debtor 1	non-f	ebtor 2 or iling spouse	
(Cop	by line 4 here	4.	\$_	0.00	\$	N/A_	
		all payroll deductions:						
	āa.	Tax, Medicare, and Social Security deductions	5a.	\$ \$	0.00	\$ <u> </u>	N/A	
	5b. 5c.	Mandatory contributions for retirement plans	5b. 5c.	\$ -	0.00	ф <u> —</u>	N/A	
	5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5d.	\$-	0.00	φ	N/A N/A	
	ъи. 5е.	Insurance	5e.	^Ψ -	0.00	_{\$} —	N/A	
	5f.	Domestic support obligations	5f.	\$-	0.00	<u>\$</u> —	N/A	
	5g.	Union dues	5g.	\$-	0.00	<u>\$</u> —	N/A	
	5h.	Other deductions. Specify:	5h.+	\$		+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	N/A	
7. (Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A	
	L ist Ba.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	N/A	
	3b.	Interest and dividends	8b.	\$_	0.00	\$	N/A	
8	3c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A_	
8	3d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
8	Зе.	Social Security	8e.	\$	0.00	\$	N/A	
8	Bf.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	N/A	
8	3g.	Pension or retirement income	8 g.	\$	0.00	\$	N/A	
		Consulting income (net of \$1,000/			4.500.00			
8	3h.	Other monthly income. Specify: mo insurance)	8h.+	\$_	1,500.00	+ \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,500.00	\$	N/A	
		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		1,500.00 + \$_		N/A = \$1,500	0.00
 	nclothe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify:	depend		. •			0.00
١	∕ Vri1	If the amount in the last column of line 10 to the amount in line 11. The respect that amount on the Summary of Schedules and Statistical Summary of Certaillies					12. \$1,500	0.00
13. I	Do :	you expect an increase or decrease within the year after you file this form No.	?				Combined monthly incor	ne

Official Form B 6I Schedule I: Your Income page 2

						1		
	in this informa	tion to identify yo	ur case:					
Deb	tor 1	John Henry S	chneider		_	Che	eck if this is:	
L .							An amended filing	
	tor 2 ouse, if filing)						A supplement shown 13 expenses as of	wing post-petition chapter the following date:
(0)	5400, ii iiiiig)						то охронове из ог	
Unit	ed States Bankr	uptcy Court for the:	: DISTRIC	CT OF MONTANA			MM / DD / YYYY	
Cas	e number 14	-61357				П	A separate filing fo	r Debtor 2 because Debtor
(If kı	nown)					_	2 maintains a sepa	
\bigcirc	fficial Fo	rm B 6 I						
			=					
		J: Your I			<u> </u>	41		12/1:
info	ormation. If m		eded, atta	If two married people are the another sheet to this formal.				
Par	t 1: Descr	ibe Your House	hold					
1.	Is this a join		<u>IIOIU</u>					
	■ No. Go to	line 2.						
		s Debtor 2 live i	n a separa	ate household?				
	□ No	0						
	□ Ye	es. Debtor 2 mus	t file a sep	arate Schedule J.				
2.	Do you have	e dependents?	☐ No					
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents'	names.			Daughter		16	Yes
							0.4	□ No
					Son		21	Yes
								□ No □ Yes
								☐ Yes
								☐ Yes
3.		enses include		No				
		f people other th I your depender		Yes				
Par		ate Your Ongoir		y Expenses Iptcy filing date unless y	ou are using this fo	25 2 5 2 5	unnloment in a Cha	enter 12 case to report
exp				is filed. If this is a supp				
Incl	lude exnense	s naid for with r	non-cash (government assistance it	vou know			
				luded it on Schedule I: Y			.,	
(Off	ficial Form 6I.)					Your exp	enses
4.		r home owners		ses for your residence. In	nclude first mortgage	e 4.	\$	0.00
		·	, ground of	100.			·	
	If not includ	ed in line 4:						
		state taxes				4a.		0.00
	•	rty, homeowner's	-			4b.		750.00
		maıntenance, re owner's associat	•	pkeep expenses		4c. 4d.		250.00
5.				ur residence, such as ho	me equity loans	4u. 5.	·	0.00
		5 5 1 1 7 1 1	. , -	,				3.00

John Henry Schneider	Case number (if known)	14-61357
6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	150.00
6b. Water, sewer, garbage collection	6b. \$	65.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	250.00
6d. Other. Specify:	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	500.00
Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	175.00
10. Personal care products and services	10. \$	0.00
Medical and dental expenses	11. \$	100.00
12. Transportation. Include gas, maintenance, bus or train fare.	π. ψ	100.00
Do not include car payments.	12. \$	500.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	750.00
Charitable contributions and religious donations	14. \$	50.00
5. Insurance.	•	
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	500.00
15c. Vehicle insurance	15c. \$	3,500.00
15d. Other insurance. Specify:	15d. \$	0.00
6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify: Taxes	16. \$	6,500.00
7. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify:	17c. \$	0.00
17d. Other. Specify:	17d. \$	0.00
8 Your payments of alimony, maintenance, and support that you did not report as		0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$	0.00
9. Other payments you make to support others who do not live with you.	\$	0.00
Specify:	19.	
 Other real property expenses not included in lines 4 or 5 of this form or on Sch 	20a. \$	0.00
20a. Mortgages on other property 20b. Real estate taxes	20a. \$ 20b. \$	0.00
	· · · · · · · · · · · · · · · · · · ·	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
1. Other: Specify:	21. +\$	0.00
2. Your monthly expenses. Add lines 4 through 21.	22. \$	14,040.00
The result is your monthly expenses.	· 	
3. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	1,500.00
23b. Copy your monthly expenses from line 22 above.	23b\$	14,040.00
23c. Subtract your monthly expenses from your monthly income.	00 0	10 540 00
The result is your monthly net income.	23c. \$	-12,540.00
24. Do you expect an increase or decrease in your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect yo modification to the terms of your mortgage?		crease or decrease because of a
■ No.		
□ Yes.		
Explain:		

14-61357-RBK Doc#: 17 Filed: 12/12/14 Entered: 12/12/14 16:25:47 Page 362 of 371

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy CourtDistrict of Montana

In re	John Henry Schneider			Case No.	14-61357			
			Debtor(s)	Chapter	7			
	DECLARATION C	ONCEDA	IING DEPTODIS SA					
DECLARATION CONCERNING DEBTOR'S SCHEDULES								
	DECLARATION UNDER F	OF PERJURY BY INDIV	IDUAL DEE	TOR				
	I declare under penalty of perjury the 361 sheets, and that they are true and co							
Date	December 12, 2014	Signature	/s/ John Henry Schneider John Henry Schneider Debtor	r				

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court District of Montana

In re	John Henry Schneider	Case No.	14-61357	
		Debtor(s)	Chapter	7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\$170,384.00	2012 Salary
\$152,324.00	2012 Parthership income
\$32,484.00	2013 Salary
\$27,500.00	2014 Consulting income

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$71,583.00 2012 Capital gains \$173,075.00 2012 Interest income \$10,633.00 2012 Dividends

\$174.00 2013 Interest income

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF
TRANSFERS TRANSFERS

VALUE OF AMOUNT STILL TRANSFERS OWING

NAME AND ADDRESS OF CREDITOR

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER Wilkinson v. Schneider; Cause No. 27381 NATURE OF PROCEEDING Malpractice COURT OR AGENCY AND LOCATION Fifth Judicial Court Park County Wyoming STATUS OR DISPOSITION Pending

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

3			
CAPTION OF SUIT	NATURE OF	COURT OR AGENCY	
AND CASE NUMBER	PROCEEDING	AND LOCATION	
Thomas v. Schneider; Cause No. CV-2012-410	Malpractice	Fourth Judicial District	

Pending Seridan County Wyoming

Monaco v. Scheider; Cause No. 13-CV-1513 Malpractice **US** District court

Wyoming

Lee v. Schneider Medical complaint Medical Review Panel Pending Curtis v. Schneider Malpractice Medical Review Panel Pendina Administrative judgment v. Schneider; Docket 12-08 Wyoming Board of Medicine Pending Arbitration

Meridian Surgical Parnets v. Schneider; Case No. 62 193 Y 139 13

American Arbitors Association

Pending

Mattson v. Schneider; Cause No. DV-13-1210

13th Judicial Court Pending

Yellowstone County Collection Professionals v. Schneider; Cause No.

Yellowstone County Judgment

CV-2013-5193

Medical

Medical Review Panel

Pending

STATUS OR DISPOSITION

Pending

malpractice

None

Knopp v. Schneider

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF **PROPERTY**

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF **PROPERTY**

4

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

AMOUNT OF MONEY

OR DESCRIPTION AND VALUE

OF PROPERTY

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

DATE OF PAYMENT,

NAME OF PAYER IF OTHER

NAME AND ADDRESS OF PAYEE CC Advising, Inc. 703 Washington, Ste 200 Bay City, MI 48708

THAN DEBTOR 11/24/2014

6/24/2014 \$750.00; 8/5/2014 \$90.00;

\$8,340.00 (including fiing fee)

Dye & Moe, P.L.L.P. 120 Hickory St Suite B

Missoula, MT 59801

11/25/2014 \$5,000.00; 12/2/2014 \$2,500.00

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

\$9.76

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

5

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

ENVIRONMENTAL

NOTICE LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

ENVIRONMENTAL

NOTICE LAW

GOVERNMENTAL UNIT

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

(ITIN)/ COMPLETE EIN 26-3110210

ADDRESS 3611 Tommy Armour Billings, MT 59106

NATURE OF BUSINESS Medical

BEGINNING AND ENDING DATES 2005-4/2014

Northern Rockies Neuro-Spine Schneider Limited

26-1498675

3611 Tommy Armour Billings, MT 59106

Family Investment Corporation

2007-present

Partnership

NAME

26-279386

Insurance company

2008-2013

Northern Rockies Insurance Company

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

(ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

BEGINNING AND ENDING DATES

2008-2013

Northern Rockies Neuro-Monitoring

Medica

NAME

ONI Ambulatory

5141 Virginia Way Ste 420

Medical building

Medical services

Surgery Center Brentwood, TN 37027

26-1657106

401 Meridian St Ste 302

Prime Healthcare **Properties** Huntsville, AL 35801

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS Pat Boyle Boyle, Dveny & Meyer, PC Missoula, MT 59801

DATES SERVICES RENDERED 2013 to present

None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

ADDRESS NAME DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

ADDRESS NAME

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

8

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

NI---- 1 T 1 (1

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

3	,
	3

25. Pension Funds.

None If the

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date December 12, 2014

Signature /s/ John Henry Schneider

John Henry Schneider

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571